BALL POINT PEN.

USE

PLEASE TYPE, OR THE PERMANENT BLACK OR BLUE-BLACK INK-DO NOT

# RE, 18 () 1 Reg. Dist. No.

526

TE	1. (T	NAME OF D	ECEASED JO	ANNE IRE	NE ABRAHMS			2. DATE OF DEATH	Feb.l,		
ly and le	Α.	PLACE OF D Baltimore	EATH: City, Maryland B	altimor	e County	4. USUAL RESIDE	NCE (W	B. COUNTY Baltimo	be	n : residence fore admission)	
clear!	I H	OSPITAL OR	634 Plymouth	-/	location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
death EE (3)		Length of s	tay in Baltimore		Yrs. Mos. Days	621. Plamouth Pd					
mees of IN THR	5.	. SEX	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) single			Mar. 22, 194		9. AGE (In years last birthday)	Months Day	Hours Min.	
/SE	1C wor	DA. USUAL OC k done during most	CUPATION (Give hind of of working life, even if retired)	0	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		eign country)	12. CIT WH	IZEN OF AT COUNTRY	
the	-	ONE B. FATHER'S I	NAME			14. MOTHER'S MA	IDEN NA	ME			
write	.7	ohn Edwar	d Abrahms			Iney Doris	Marli	ng '			
a. O	15	5. WAS DECEAS	ED EVER IN U.S. ARMEI		16. SOCIAL	17. INFORMANT			ADDRESS		
please	n		(If yes, give war or date	8 01 801 1100)	security No.	Mr. John Ed	iw. Ab	rahams - 6	3h Plv	outh Rd.	
pla L'R		18. 17	8.6 1			OF DEATH			INTE	RVAL BETWEEN ET AND DEATH	
ysicians: 1			SE OR CONDITION		CAL	Nidlasi	en ka	Alottes	10 1	dans	
sici		heart failt	not mean the mode ore, asthenia, etc. It mea	f dying, e.g., ns the disease,	(A) 40 G	,000,000					
Phy		injury or	complication which	aused death.)	DUE TO			P	40		
P			ANTECEDENT CAUS	ES	(B) Us	where	e 6	ouge	Sex		
supplied.	TION	RISE TO	S OR CONDITIONS, IN THE ABOVE CAUSE (A)	sence of	alls	1 Asterio	e Ast	0 124			
	CA				(C)		and and are	7	The said of		
ully	RTIFI	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT	RELATED TO	ING THE	0		V			
e caref WITH	CE	IF OPERATIO	N WAS RELATED TO			198. CONDITION FO	R WHIC	H OPERATION	20.	AUTOPSY?	
be	7		Month) (Day) (Year)	(Wour) 1 21	E. INJURY OCCURE	MAS PERFORMED			YES	NO P	
formation b	2	OF INJURY	(Biolicii) (Day) (Tear)	(11001) 21	WHILE AT NOT WH	ILE	DID INJ	URY OCCUR?			
format		22. I certi	fy that (I) (this	hognital) a	ttended the deces	sed from	La	3/		11/1	
forn			19 L	d., that (	(we) last saw t	he deceased alive	on //	2/1/3	7	19.5 to	
E E			ath occurred at	1. P. W.m.	from the causes	and on the date sta	ated abo	ve.		10	
Every item of CERTIFICAT		23A. SIGNA	mused P 12	lage	M.D. 238	ADDRESS	11/2	inta)	23c. DATE	SIGNED	
ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. DELLAR BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LC								CATION (City, to	wn, or county	(State)	
Ver	B	urial	2/5/58		Loudon Park			o. Md.	,	, , , , , , ,	
E CHIS C	F	ATE RECEIVE	PEGISTRAR	SSIGNATUR	Migas Ro	25 FUNERAL DIRE	Lich	ener Y	ADDRE	ss	

FEB 6 1958

DMIBNIDSON

01527

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? MT. RIDGE RD, YES NO Year 190 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? PURHAM INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO Z (County) (Stole) \_\_.that I last saw the deceased , and that death occurred at Salam, from the causes and on the date stated above. ADDRESS (Street, city or tawn, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State)

BUREAU V. E.

EEB 38 1828

page the re

VS A1S (4) 1SM 10/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1561 **CERTIFICATE OF DEATH**  01528 Reg. Dist. No.

	o. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE (Who	land	b. COUNTY	on: Residence	before admis	sion)
	b. CITY OR TOWN (I RURAL and give no	If autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corporate	limits, write RL	JRAL and giv	ve nearest taw	n) /
	Catonsvi			lmthlldys	-	Baltimore		3 v	101-	4	
	d. NAME OF HOSPIT	TAL (If not in hospital, g				d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
	SPRING GRO	SPRING GROVE STATE HOSPITA L			105 S. Mona	stery A	venue			NO	
	3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mont	th	Day	Year
	(Type or print)	Julia		Ann		Akers	OF DEATH	Febr	ruary	6	1958
	S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	0 🗆	B. DATE OF BIRTH	9. A	GE (In years		YEAR IF UND	
	female	white	WIDOW	ED DIVORCE		May 29, 1879	5 "	82 yrs.	Months D	Days Hours	Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (State of	or fareign country	y)	12. CITIZ	EN OF WHAT	COUNTRY
	housewi					Maryland	1		U.	S. A.	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
	John Mo	Car thy				Ellen	C 45	TV			
	IS. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT		Addre	ess		
	no.	(If yes, give war or dates of s		13-12-8666	Rec	cords: SPRING	GROVE	STAT	E HOS	PITAL	
		ATH [Enter only one co		ne for (a), (b), and (c).]						INTERVAL BI	ETWEEN
1		TH WAS CAUSED BY:				ic cardiovascu	lar dis	ease		ONSET AND	DEATH
	422.1	DUE TO	-								
	Conditions, if a	ny, which ) (b		Arterioscle	rosi	is, generalize	d				
	gove rise to i	mmediate (									
	cause (a), stating lying cause last.	rne under-									
	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CO	NDITION GIVE	EN IN PART	1(a) 19. WAS	AUTOPSY
0	E S										ORMED?
	PART II. OTH	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury in P	ort I or Port II o	f item 1B.)			363
		MEDICAL EXAMINER)									
	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yes			20e. PL/	ACE OF INJURY (Hame, form,	20f. (City or to	own)	(Co	ounty)	(State)
H	Hour o. m.	19	While of wor		Too	tary, street, affice bldg., etc.)					
	21 Leartifu th	at I attended the	decens	ed from Dec.	24	19 57 to Feb	0.6	, 19 58	Ab A   1   1		4
	alive anFe	. /	10			accurred at 3:50a					
	GIIVE GII	G . aa	11		Geam		DDRESS (Street,				ATE SIGNED
	ACTUAL SIGNATURE	Hella	MC	chsler					OSPITA		-58
1						M.D121121111111111111111111111111111111					
	PHYSICIAN'S NAME (Type)	Stella Wa	chsl	er, M. D.		Catonsvil	lle 28,	Maryla	nd		
	220. BURIAL, CREMATIO	- A 1		22c. NAME OF CEME	TERY O	R CREMATORY	22d. LOCATION	(City, town, o	r county)	(Sto	te)
	Herrial		58	New C	ATK	EDRAL CPM	BALT	0. N	1.		
	23. FUNERAL DIRECTOR	S SIGNATURE	P	ADDRESS		24a. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGN	ATURE	
	J. 1 Mu	man O	chi	vah	c>	DATE	1 0 '58	Well.	-educ	A	
	ウィーノ	n 11		11.00	70	/ /					

BUREAU V. S.

DE STORIGHE - PRIME OF THE STAND HAVE OFFICE OF

LEB IO 1823

BECEINEU

IDING PHYSICIAN: The law requires that the death certificate be executed within 24

ar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01590

	4 5 0 0	CERTIF	ICAT	E OF DEATH	1		Reg. Dist. No		043
1. PLACE OF DEATH  o. COUNTY Ba	1902 Ltimore	MARYLA		o. STATE Mary	here deceased liv	red. If institution b. COUNTY		are admis	sion)
b. CITY OR TOWN (IF RURAL ond give ne Catonsvil	outside corporate limits, w prest town)	c. LENGTH OF STAY IN 1mth26dys		c. CITY OR TOWN (IF & Baltimore		limits, write RU	RAL ond give ne	earest taw	n)
OR INSTITUTION	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING GROVE STATE HOSPITAL			d. STREET ADDRESS 2853 Tena	nesseė 1	Avenue			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Sanue	Middle J.		losi Alascia	4. DATE OF DEATH	Monti Feb	ruary	07	Yeor 19 58
5. SEX male	white wi	MARRIED NEVER MARRIED		March 4, 1	897	60 yrs.	Manths Doys	Haurs	ER 24 HRS. Min.
100. USUAL OCCUPATIO during most of working truck dr	ng life, even if refired)	106. KIND OF BUSINESS OR GRAVEL	INDUSTRY C 0	11. BIRTHPLACE (Stote Maryland		'ry)	12. CITIZEN	S. I	
13. FATHER'S NAME  Unknown	5ALVATO	RE A. ALAS		4. MOTHER'S MAIDEN N	GIVA	NNA			
15. WAS DECEASED EVER (Yes, no. or unknown) (1)	IN U. S. ARMED FORCES?  f yes, give wor or dates of service  w		17. INFO	ermant ords: SPRI	NG GROV	Addre E STAT		ITAL	
Conditions, if on gove rise to in couse (o), stoting to lying couse lost.	ne under- DUE TO	Vremia  Nephroscler  Arterioscle	rosi	s, genl. a					
200. ACCIDENT WAS	UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCC					N IN PAKE I(0)	PERFC	RMED?
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 2	0d. INJURY OCCURRED 26 While Not while 1 work 1 at wark 1	0e. PLACE factory	OF INJURY (Home, form, street, affice bldg., etc	n, 20f. (City or	town)	(County	)	(Slate)
alive an Fel	it I attended the deco. 27		31 leath ac	curred at 11:40	M, fram t	he causes ar I, city or town, s STATE		ate state	decease ed abave ATE SIGNE -27-56
PHYSICIAN'S NAME (Type) 220- BURIAL, CREMATION		osler, M. D.	ERY OR CI			Maryla		(Stat	(e)
REMOVAL (Specify)  POLICE  23. FUNERAL DIRECTOR'S	3-3-58	CATHED.	RAL	CEM.		BA LT &		M	

DATE MAR 3

Toley Juneal Home - Catonsville, Md.

TO HOSPITAL OR the re VS A15 (4) 15M 10/57

the state of the state of the state of the state of

BUREAU V. E.

W8 3 1828

ADDRESS

24a. REC'D BY REGISTRAR

01530

Reg. Dist. No. IS RESIDENCE YES NO DE Yeor 195 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? 04111 INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stole) 5 X, that I last saw the deceased \_M, from the causes and on the date stated above. DATE SIGNED

(State)

246. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/S5

SUNPRAL DIRECTOR'S SIGNATURE

BUREAU V. S.

FEB 14 1958

BECEINE

FEB 24 1958

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1532

Reg. Dist. No

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY G. STATE MARYLAND b. COUNTBALTIMORE BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk Mos. DUNDALK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2526 McComas Avenue 2526 McComas Avenue YES NO K NAME OF First Middle DATE Year DECEASED MARY C. ARRINGTON FEBUARY 10,1958 (Type ar print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. W. WIDOWED OCT.19,1891 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOUSEWIFE even if retired) AT HOME USA BALTIMORE MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GOSNELL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 3670 Kenyon Awenue Balto. 13. 16. SOCIAL SECURITY NO. 17. INFORMANT NO CHARLES J. ARRINGTON NONE 1B. CAUSE OF DEATH [Enter only one cause per line fgf (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH echusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying cause lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION; GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? NO D 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY DOCUMED. (Enter noture of injury in Part I or Part II of ilem 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. PLACE OF INJURY (Home, form, fectory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUBRED 20f. (City or town) (County) (State) p. m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry I and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TO 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Loudon Park Cemetery Baltimore Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

DATE FEB 1 3 '58

HENRY SANDER & SONS INC. BALTO. MD.

VS. ATSME(5) 5M 9/55

DEPU

to the Chief I

COLUMN TO THE RESIDENCE OF STATE OF STA CHAMBER VERSING SERVICE STREET BUREAU V. S. the second of th EEB I3 1328 THE PARTY OF THE P

CERTIFICATE OF DEATH 1565

Dam Diet M.

01533

	2.0	047							Keg. Dis	it, NO.		
1. PLACE OF DEATH o. COUNTY	Baltimore		MARY		USUAL RESI	Marvl		ved. If instituti b. COUNTY		ce befor		on}
b. CITY OR TOWN ( RURAL and give n TOWSON	If outside corporate limits earest town)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If or		e limits, write R		-		)
OR INSTITUTION	TAL (If not in hospitol, gi			i	d. STREET A	ADDRESS	lvania	Avenue				DENCE FARM? NO [2]
3. NAME OF DECEASED (Type or print)	First		Middle ASCHERFELD		lo	st .	4. DATE OF DEATH	Mor Fenruar		195	a	rear
5. SEX Female		7. MARR	RIED NEVER MARRIE		oate of Birt une 18			AGE (In years lost birthday) 90 yrs.	IF UNDER Months	1 YEAR Days	IF UNDE Hours	R 24 HRS. Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home			R INDUSTR	11. BIRTHPI		or foreign coun	try)	12. CITI	US		COUNTRY	
13. FATHER'S NAME William	J. Cousins				Eliz		AME Ross Si	mall				
	R IN U. S. ARMED FORCE (If yes, give wor or doles of ser None		SOCIAL SECURITY NO	100		scharf	eld, 1	Add B W. Pe.		Ave.	, To	wson
	mmediate (	se per lir	ne for (o). (b). ond (c).  ardia  Iterios	cele	ar	res	uner	alne	d		RVAL BET	
CATIC	HER SIGNIFICANT COND								'EN IN PART	1(0) 19	PERFO	NO 🕢
200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)		NJURY OCCURRED Not while	20e. PLACE		Home, form,	20f. (City or		(C	County)		(State)
21. I certify the alive an FE	nat I attended the B 10	decease , 193	ed fram FEB, and that		, 1958 courred at	All and a second	M, fram t	the causes of th	ind an th	ast sa ne dat	w the state	deceased d above TE SIGNEE
PHYSICIAN'S NAME (Type)			VSK1			ows		4 1	11			
270. BURIAL, CREMATIC REMOVAL (Specify) Burial	Feb. 22,	1958					Baltim	N (City, town, o	ryland		(State	)
John Burn	's signature 18' Sons, To	weon	, Maryland			24a. REC'D	BY REGISTRA	R 24b. REGI	STRAR'S SIG	NATURI	1	
						FEB 2	4 '58	Williams	car.	3.		

soth. Page 4 by the funeral director, I and 2 should be filed with M

Then please remave carbon papers. Pages event within 72 hours after death. TO HOT WALOR TO SHOULD PHYSICIAN: The law requires that the other of the completely fill may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill page yould be detached far use as the burial-transit permit. Then please remave carbon papers. Pages yould be detached far use as the burial-transit permit. Then please remave carbon papers. Pages your prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of VS A15 (4) 15M 9/5S

CO TOTAL CHARGE THE ALL OF THE PARTY OF THE PARTY. Samo a on Wanded Lake tentre . Le principal de la contra del la contra de la contra de la contra del la contra de EEB SV 1958 Transaction of the property to the land of the land the to the

STEEROMITIAS HTT LASH SO THE MINAPSO STATE GHANTIAM

THE RESIDENCE OF

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THE RESERVED FOR THE PARTY OF THE PARTY OF THE PARTY.

Mark Street, S

. 1120

To the first and a first 2011 for the first on the first of the first BUREAU V. S.



VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1566 CERTIFICATE OF DEATH

01536

Reg. Dist. No.

o. COUNTY Baltimore	MARYLAND	2. USUAL RESI	DENCE (Where deced	b. COUNTY	70		ssion)
b. CITY OR TOWN (If outside corporate limits, write		CITY OF	Baltimore			imore	
atonsville	12 days	1000 0	TOWN (If outside con		RURAL ond gi	ve nearest tov	vn)
d. NAME OF HOSPITAL (If not in hospital, give stre	eet oddress)	, d. STREET ADDRESS e. IS RESIDENCE					
	SPITAL	96	Dundalk	Avenue			A FARM2
3. NAME OF First	Middle	lo	4. DATE	Mo	nth	Doy	Yeor
DECEASED (Type or print) Adela	M.	Baker	OF	H Febr		2	1958
	ARRIED NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	- M	YEAR IF UNI	
	OWED TO DIVORCED	May 2	26. 1875	lost birthdoy) 82 yrs.		Doys Hours	7
10a. USUAL OCCUPATION (Give kind of work done )	0b. KIND OF BUSINESS OR IND		ACE (State or foreign		12. CITIZ	EN OF WHA	T COUNTRY
during most of working life, even if retired) housewife			Maryland			S. A.	
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NAME		10.	O. A.	
Melker T. Buell			lizabeth	Thompson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	22200001	*	ress		
(If yes, give war or dates of service)	unknown	Records:	SPRING			O CETA TORS A S	
18. CAUSE OF DEATH [Enter only one couse per		records:	DITTING	ROVE ST.	ALE H	OSPITAL	
PART I. DEATH WAS CAUSED BY:	rteriosclerotic	cardiova	scular di	Sease		ONSET ANI	
IMMEDIATE CAUSE (O)	00110001010010	Calazore					
Δ.	rteriosclerosis	genera	hre heril	Severe			
gove rise to immediate	relingchernara	, genera.	LIZGU AIIU	264616			
couse (o), stoting the under-							
tying couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GIV	VEN IN PART	1(o) 19. WAS	AUTOPSY ORMED?
3						YES	NO 🔀
(IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture o	f injury in Port I or P	art II of item 18.)			
Hour a.m. Whi	ile _ Not while _	LACE OF INJURY (	Home, form, 20f. (C bldg., etc.)	ity or town)	(Co	unty)	(Stote)
	rork ot work	- 10					
21. I certify that I offended the dece		, 1958	, to Feb.	3, 19_5	3,that I lo	st saw the	deceased
olive on Feb. 3, 1958, 19	, ond that deat	h occurred of	7:30p_M, fro	om the causes o	ond on the	dote stat	ed above
	0 . (	1	ADDRESS	(Street, city or town,			ATE SIGNED
SIGNATURE Compus to	osas publ	SPR	ING GROV	E STATE	HOSPIT	CAL 2-	-3-58
PHYSICIAN'S Augusto J. Esq.	uibel, M. D.	Cat	onsville	28, Maryla	and		
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY			ATION (City, town,		(Sto	tel
Burial (Specify) Feb. 6, 1958	Middletown 1	Methodist		dletown,		(310	.01
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		24o. REC'D BY REGI	1 4	RAR'S SIGN	IATURE	
Ullrich Funeral Home 21	12 Dundalk Ave.	111111111	DATE FEB 7	20 Mil	Lesu	ch	

CERTIFICATE OF DEATH EEB 7 1958 DE CEINED

# FOR STATE HEALTH DEPT.

neck, please il director. Page I far your files. Board of Health, M e Board ALEDIC XAMINER: This certificate should be executed within 24 hours after death. If any delay is the certification writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the first de be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be read to PIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State ignated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO FUN TO DEPU VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01537

			Keg. 0131, 110.					
1. PLACE OF DEA	ATH 1001			Where deceased lived. If institution: R	esidence before admission)			
	Baltimore	MARYLAND	a. STATE Mary	rland b. COUNTY	(Sales			
b. CITY OR TO	WN (If guiside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
H	ydes Md	LIFE	Hydes Hd.					
d. NAME OF	d. NAME OF COSPITAL OR INSTITUTION (If not in hospital, give street address)				e. IS RESIDENCE ON A FARM?			
	Harford Rd.			ford Rd.	YES NO			
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year			
(Type or print)	RANDOLPH	EVANS	BALL		6, 19 58			
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	DATE OF BIRTH	9. AGE (In years IFUN	DER TYEAR IF UNDER 24 HRS.			
Male	White widow	PED DIVORCED	clan 1-194	17 yrs. Month	hs Days Hours Min.			
100. USUAL OCG	UPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
RASL	working life even (Tretired)	TRASL ROMONAL	MARY	Land	NSA			
13. FATHER'S NA		2 11	14. MOTHER'S MAIDEN	NAME 2 9				
Ka	Let K 2	SOLL	10,11	en 1 6 15 8	100			
15. WAS DECEAS	SED EVER IN U. S. ARMED FORCES? 11.	6. SOCIAL SECURITY NO. 17. H	FORMAND A	Address	011			
[Yes, no. ar unknown]		2-13-38-6410	PIV	IR Kall	Page			
	P DEATH [S-1 column con line	- (a) (b) - ad (a) ?	Lober	15 PAM	OHAC			
	F DEATH [Enter only one couse per lin  I. DEATH WAS CAUSED BY:				ONSET AND DEATH			
01	IMMEDIATE CAUSE (0) ME	assive peritones	1 hemorrhage	e due to Crushing				
01	DUETROK	dumm of the deman						
	or dity, which (b)	jury of Abdomer						
	the underlying DUE TO							
cause last.	(c)							
Z PART	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY			
E .					PERFORMED? YES NO			
200. EXTERNA	AL CAUSE WAS 20b. DESCR	IBE HOW INJURY OCCURRED. (E	nter noture of injury in Pa	et I or Part II of item 18.)	1.00			
PART  200. EXTERNA PRIMARY CAUSE OF D	FATH.							
		to struck bride		m 206 (City or town)	(County) (State)			
Hour X	DOK - INC I WE WI	ile Not while focto	ory, street, office bldg., etc	c.)				
			eet		Baltimore Md.			
	ify that I took charge of the			sy , Inspection , Inc	quiry [], ond in my			
opinion d	eoth resulted from: Natural	couses , Accident	Suicide ,	Homicide, Undetermine	ed monner			
	Willia. Na	1 -			DATE SIGNED			
SIGNATURE	William US	ans	_M.D. CHIEF MEDICAL E	XAMINER [	DAIS SIGNED			
EVAMINIE		. 0	ASSISTANT MEDIC	CAL EXAMINER T	The second second			
EXAMINER'S NAME (Type		tt, Jr., M.D.=	DEPUTY MEDICAL	EXAMINER [	2/27/58			
	MATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	GREMATORY	22d. LOCATION (City, town, or coun	ly) (State)			
DURI	AL 3-1-38	TORK MET	odis!	+ORK	M+			
23. FUNERAL DIR	ECTOR'S SIGNATURE	ADDRESS / I	D / 240. REC	D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE			
ChA5	T- ENANST JON	802 HARTORD	KC DAMA	R 4 '58 Rules	uch			
				The second secon	Y			

Robert P Book Mildred But Ton more to the second Debind Discould be a little of the control of the c BUREAU V. 8361 7 800 The months with the second of रामिश्वीति स्ट मार्गाः स्ट मेर्नाः स्ट मार्गाः Class & Exprest In SEL My led Bel -

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a. COUNTY

NAME OF

DECEASED

Male

Yes

CERTIFICATION

5. SEX

ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. (Stote) REMOVAL (Specify) Baltimore Baltimore Cemetery Burra 24a. REC'D BY REGISTRAR 24b: REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

H. SANDER & SONS, INC. NORTH AVE,

PUREAU V. S.

FEB 10 1959



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BUREAU VSS. ६२६६ ६६ ८५ I

MARYLAND STATE	E DEPARTMEN	T OF HEALTH-	BALTIMORE, 18	
MEDICAL EX	CAMINER'S	CERTIFICATE	OF DEATH	

01540

	1780		C O CERTI	110711	. 0. 0.		Reg. Di	st. No.	
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLA	C STATE	Md.	nere deceased live	d. If institu		nce before ltime	
b. CITY OR TOWN (If ond give nearest town Reister:		c. LENGTH OF STAY IN	-	sters	outside carporate	limits, write	RURAL and	give neare	st town)
	at or institution (if not itz Road	in hospital, give street address)	d. STREET Bauk	ADDRESS Dlitz	Road				IS RESIDENCE ON A FARM?
3. NAME OF -DECEASED (Type or print)	Benjami	n H. Ba	ublitz		OF DEATH	Feb.		958	Year
5. SEX Male	6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BURI	,1888	9. AG	E (in years Dihday) yrs.			UNDER 24 HRS. Urs Min.
during most of workin	ON (Give kind of work done g life, even if retired)  Self employ		II. BIRTHPLACE (State or foreign country)  Maryland  U.S.					HAT COUNTRY?	
13. FATHER'S NAME	ah Baublitz		14. MOTHER'S		me ane Fr	ank			
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 1	7. INFORMANT Mrs.Tho			Address	s Mi	lls.	Md.
Conditions, if all gave rise to immed (a), stating the cause last.	DUE TO  (b)  Judgerlying  DUE TO  (c)	Coronary Arte							MOS.
Hernia	- 10 colon	With resecti	Lon 1947	THE TERMIN	IAL DISEASE CON	DITION GIV	EN IN PART		ERFORMED?
	ISE WAS 20b. DE TRIBUTING D	SCRIBE HOW INJURY OCCURRED	D. (Enter noture of i	njury in Part I	or Part II of item	18.)			
20c. TIME OF INJUR Hour a.m. p. m.	Month, Day, Year NONE 19	20d. INJURY OCCURRED 20e. While Not while 1 n ear work 1 to me	PLACE OF INJURY ( factory, street, office	(Home, farm, e bldg., etc.)	20f. (City or tow	vn)	(Cau	inty)	(State)
		the remains described ones , Accident ,			_	rmined c		y 🔼, a	nd find that
ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER							ATE SIGNED		
EXAMINER'S NAME (Type)	EXAMINER'S D D C M D								
Burial (Specify)	N, 22b. DATE THEREOF Feb. 20, 19	58 Grace Ce	100		Falls				(State) e Co.M(
J.F. Eline	s signature e & Sons, Re	isterstown, Mo	d.	240. REC'D	BY REGISTRAR		TRAR'S SIC		

VS. A15ME(5) 5M 9/55

THE OWNER OF THE PARTY. in this little of the little o Data and Street of the Parish the same of with a bound of the order of the second of the second BUREAU V. L. First I I transmit appear ferva ou des · EB . S.4 1958 · 



1923 11 1923

BUREAU V. L.

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

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VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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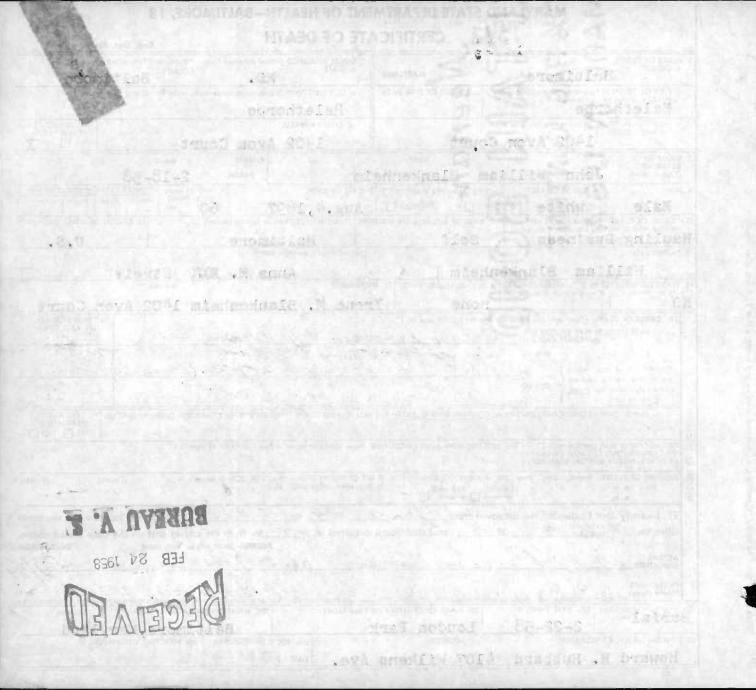
CERTIFICATE OF DEATH BUREAU V. E. FEB 26 1958

VS A15 (4) 15M 10/57 1543 CERTIFICATE OF DEATH

Reg. Dist. No.

01543

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  MD  Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Halethorpe	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Halethorpe
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 1402 Avon Court	d. STREET ADDRESS  1402 Avon Court  c. Is residence on a farm? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)  John William Blankenhe	Lost 4. DATE Month Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Igst birthdoy)   Months   Days   Hours   Min
Male White WIDOWED DIVORCED DI	Aug. 4, 1897 60 yrs.   12. CITIZEN OF WHAT COUNTRY
Hauling Business Self  13. FATHER'S NAME	Baltimore U.S.
William Blankenheim  15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, III	Anna M. BXX Streit
(Yes, no, or unknown) (If yes, give war or dates of service)	rene M. Blankenheim 1402 Aven Court
Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Degisterminal day  I NOT RELATED TO ATTE TERMINAL DISEASE CONDITION GIVEN IN PART 169/19. WAS AUTOPSY
TITLE	PERFORMED? YES NO E
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (State)
ACTUAL B B B	accurred at 49 M, fram the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED
PHYSICIAN'S BBBUMBAUGH	Elbridge 27 mg
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
2-22-58 Loudon Parl 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Baltimore Maryland  24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens	



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1573 **CERTIFICATE OF DEATH** 

by the funeral directar, nd 2 should be filed with gned by the attending physicion and completely fill permit. Then please remove carbon papers. Pages in ony event, within 72 hours ofter death.

eoth. Page 4

requires that the death certificate be executed within 24 haurs

Reg. Dist. No.

1	· COUNTY Baltimore MARYLAND	a. STATE b. COUNTY
1	b. CITY OF TOWN (If outside corporate limits, write RUPAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF MOSPITAL (If not in hospital, give street and ress)?  OR INSTITUTION  TOUSE UN UNES	d. STREET ADDRESS  731 Longuill ave on a FARM?  YES NO NO
	3. NAME OF DECEASED (Type or print) ROLL Middle BL	CATT DEATH Z- 7- 1948
	Temple White WIDOWED DIVORCED [	ATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done Afring most of working fife, even by retired)	austria WOT
	Meyer	MOTHER'S MAIDEN NAME
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOI	than Newstock - fame
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: CEREBRO-VASCULAR  IMMEDIATE CAUSE (a)  DUE TO	ACCIDENT INTERVAL BETWEEN ONSET AND DEATH 24 HRS.
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  (b) AR TERIOS CLEROSIS  DUE TO	10YRs,
>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELLITUS 2)	PREVIOUS CVA, MULTIPLE YES NO DE
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nter nature of injury in Part I or Part IV of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not work 19 at work 19 the total street 19 the to	OF INJURY (Home, farm, street, office bldg., etc.)
	21. I certify that I attended the deceased from VVLY alive on FEB 6 , 1953, and that death accordance with the second sec	curred at 12:45PM, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  5334 LIBERTY HEIGHTS AVE.
1	PHYSICIAN'S NAME (Type)	BALTO. T. MD.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CR	EMATORY 22d, LOGATION (Gity, town, or county) (State)
	2) FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HO! "TAL OR may be retained VS A15 (4) 15M 9/SS

FEB 11 1958

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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1576 CERTIFICATE OF DEATH

01547 Dist. No.

	10	• •	CLICI		TIL OI D		•		Reg. D	ist. No		
o. COUNTY	ilto.		MAR	YLAND	O STATE	ence (Wh	ere deceased	lived. If institution b. COUNTY		nce befo		ion)
b. CITY OR TOWN RURAL and give of Catons	(If outside corporate limi negrest tawn) 71110	ts, write c.	LENGTH OF STAY	IN 1b			utside corpor	ote limits, write R	URAL ond	give ned	arest tow	1)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, gill 153 Winte	ive street odd PS La			d. STREET AD		rs La	ne				FARM?
3. NAME OF DECEASED (Type or print)	HENRY	st	Middle BRISC		Lost		4. DATE OF DEATH	Feb.	" 11	Do		Year 1958
s. sex <b>Male</b>	6. COLOR OR RACE	7. MARRIED WIDOWED [			B. DATE OF BIRTH  June	18		9. AGE (In years last birthdoy) 90 yrs.	Months Months	R 1 YEAR Days	IF UND Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of wo Labore	ION (Give kind of work rking life, even if retired	done 10b. KIN	ID OF BUSINESS (	OR INDU			ar fareign ca		12. CI	TIZEN C	OF WHAT	COUNTRY
13. FATHER'S NAME Harry	Brasco	9	4		14. MOTHER'S A	AAIDEN N	IAME					
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR Ilf yes, give wor or dates of s		CIAL SECURITY NO		ora Bris	BCOB	153	Winters		ne		-3
Canditians, if gove rise to catse (a), stating lying couse last	immediate DUE TO	Hype	ertensi	V @ A	Hemorrh rterio-	scle			/EN IN PAI		PERFC	Daya AUTOPSY DRMED?
PART II. O'  200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	/AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)		Arthri		D. (Enter noture of	injury in f	ort I ar Port	Il of item 1B.)			YES [	NO [
20c. TIME OF INJU Hour a. m. p. m.	10	While	RY OCCURRED  Not while of work		ACE OF INJURY (He ctary, street, office I			or tawn)	(	(County)		(State)
21. I certify to alive an Fe Actual SIGNATURE  PHYSICIAN'S NAME (Type)	it Ma	loney		X.	accurred at $7$	nter	M, fram	eet, city or town,	and on I		te state	
220. BURIAL, CREMATI BUFFEYAL (Specific			2c. NAME OF CEN		R CREMATORY		22d. LOCAT	ON (City, town, o	or county) Md	•	(Stot	e)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS 3	22	1.	24a. REC'I	BY REGISTR	AR 24b. REGIS	STRAR'S SI	GNATU	RE	

TO HOSPITAL OR TO FUNERAL VS A15 (4) 15M 9/S5

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IDING PHYSICIAN: The low requires that the death certificate be executed within 24

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buld be detached for use as the burial-transit permit. Then please remove carban pop br prior to burial, cremation, or removal. and in any event within 72 hours after death.

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CERTIFICATE OF DEATH

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BUREAU V. E.

FEB 18 1953



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NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs aft

	TOTA CERTIFIC	AIE OF DEATH	Reg. Dist	. No.
	LACE OF DEATH COUNTY Bultunor MARYLAND	2. USUAL RESIDENCE (Where deceased er. STATE LOUGH COMP.	b. COUNTY Sell	before admission)
	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 PURAL and give nearest town).	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and give trued Ru	ve nearest town)
	I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STRÉET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 🔼
3.	NAME OF EDWARD - G - Middle B	POWN 4. DATE OF DEATH	Feb-11	195 819
S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	april 9-1890	9. AGE (in years lost buthday) Wonths E	YEAR IF UNDER 24 HRS. Doys Hours Min.
100	USUAL OCCUPATION (Give kind of work done during motifor working life, eyen if retired)  WS Marries	/ m:	ountry) 12. CITIZ	ZEN OF WHAT COUNTRY
13.	EATHER'S NAME Welkieson	14. MOTHER'S MAIDEN NAME	own	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no. or unknown) (If yes, give wor or dates of service) 199-03-249	Edeth MB	oven Har	upsteadli
7	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Cor Pulmonale			ONSET AND DEATH
	Conditions, if any, which ) DUE TO Pulmonary Emp	hysema		8 - 10 yrs
	gave rise to immediate cotse (a), stating the under-lying cause lost.			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Part	I II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while at work at work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	or town) (Ca	ounty) (State)
	21. I certify that I attended the deceased from <u>Februar</u> alive an <u>February 11</u> , 1958, and that dea	y 7th1958, to Februar th accurred at 9:30pM, fran		
	ACTUAL M. C. Parter ficel		reet, city or town, state) stevel,	no 2-125
	PHYSICIAN'S M. C.P. rterfield, M. D.	Hampstead	i,Md.	
6	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY FLEG-14-58 Nelleona	or Crematory 22d. LOCAT	FION (City, town or county)	red (state)
23.	adu Station Hausster	240 REC'D BY REGIST	RAR 24b. REGISTRAR'S SIGN	NATURE

CERTIFICATE OF BEATH

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled

yold be detached for use as the burial-transit permit. Then please remove carbon papers. or prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		MMKI	LAND	STATE DEPARTM	TENT OF REAL		IIMOKE, I	0		013	549
L			578	CERTIFICA	ATE OF DEAT	Н		Reg. D	ist. No.		
	PLACE OF DEATH a. COUNTY Bal	to.		MARYLAND	2. USUAL RESIDENCE (Vo. STATE Md.	Where decease	d lived. If institution b. COUNTY		nce befor	re admiss	iian)
	b. CITY OR TOWN (If	autside carporale limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f autside carpo	prate fimits, write RI	JRAL and	give nec	rest tow	n)
	per.	son			X Baltimor	e 12					
7	d. NAME OF HOSPITA OR INSTITUTION		A		d. STREET ADDRESS	ster A	7e.				SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Fit HI	SI ELENE	Middle	BROWN	4. DATE OF DEATH	Mont Fe		Do 1	-	Year 19 58
S.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDE	-		ER 24 HRS
	emale	white	WIDOWE		May 10, 18		last birthday) 83 yrs.	Manths	Days	Haurs	Min.
100	during most of worki	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te ar fareign c	auntry)	12. CI	TIZEN O	F WHAT	COUNT
	lousewife			at home	Germany			U	J. S.	. A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Frederick				Sophia	(unkno	own)				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ess			
I	0				rs. Walter G	ibb - 1	13 Regest	ter, A	ve.		
	PART 1. DEAT  443  Canditions, if an gave rise to im cause (a), stating to lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO y, which mediate he under. (c)	) H	perference (c). [b] and (c).]	Deorup. Ca	vsdio l	Vaseula	Sie	ONS	J	DEATH
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	EN IN PAR	RT 1(a) 1	PERFC YES	PRMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH	20b. DES	ERIBE HOW INJURY OCCURRE	D. (Enter nature of injury is	n Part I ar Par	l II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	20d. It While at war	_ Nat while fa	ACE OF INJURY (Hame, for ctary, street, affice bldg., e	rm, 20f. (City	ar town)	(	Caunty)		(State
	21. I certify the alive an 121  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	AURENCE	decease	ed fram AMC, and that death	1956, 1956, 1951 occurred at 345 M.D. 6805		n the causes a prest, ciff or lawn, s	nd an t		e state	
22c	REMOVAL (Specify)	22b. DATE THEREC	)F	22c. NAME OF CEMETERY O			TION (City, tawn, a	r caunty)	7	(State	e)

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

10 HOSPI 10 HOSPI 10 FUNER 10 HOSPI 10 HOS

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH

FEB SA 1958

SECTION 1

проинстранный втруман

TOTAL TAXABLE PROPERTY.

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VS A15 (4) 1SM 10/S7

MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
1579	CERTIFICATE	OF DEATH		

01550 Reg. Dist. No.

	PLACE OF DEATH					USUAL RESIDENCE (WHO. STATE		l lived. If instituti	on: Residence	e before	odmission)
	b. CITY OR TOWN (	Itimore If outside corporate limi	ts, write	c. LENGTH OF STAY II		c. CITY OR TOWN (IF o	land	b. COUNTY		ive neare	est town)
	Catonsvil			6yr9mth3dy	S	Baltimore		3		. 11	
	OR INSTITUTION	TAL (If not in hospital, g		oddress) SPITAL		d. STREET ADDRESS	ver S	treet			IS RESIDENCE ON A FARM? YES NO T
1	NAME OF DECEASED (Type or print)	Fir Hugh		Middle Thoma	95	lost Brown	4. DATE OF DEATH	Mon Fe b	ruary	Day 7	Yeor 19 58
S. S	male			RIED NEVER MARRIED	D 8. 1	pate of Birth		9. AGE (In years last birthday) 70 yrs.	IF UNDER 1		F UNDER 24 HRS. Hours Min.
10a	. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole Virgin:	or foreign co			ZEN OF	WHAT COUNTRY
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	NAME				
	Thomas						y Flyn	n			
15, (Yes	MAS DECEASED EVE 1, no. or unknown)  10	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	social security no. Unknown	17. INFO	rmant ords: SPRII	NG GR	Add OVE STA		SPIT	PAI,
NO	Conditions, if o gave rise to i couse (o), stoting lying cause last.	mmediate the under-	)	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART	1(a) 19.	WAS AUTOPSY
CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (I	inter noture of injury in I	Port I or Port	II of item 1B.)			PERFORMED?
MEDICAL O	20c. TIME OF INJUR Hour o. m. p. m.		While		Oe. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	), 20f. (City	ar town)	(Co	ounty)	(State)
	21. I certify the olive on	out I oftended the Peb. 7  Sulla	_, 19	ed from No Ve 58, ond that a elister	deoth oc	curred at	M, from	the couses of the courses of the courses of the courses of the courses of the course of the courses of the course	and on the	e date	the deceased stated above DATE SIGNED 2-7-58
_	PHYSICIAN'S NAME (Type)			ler, M. D.		Catonsvill	le 28.	Marylan	d		
220.	BURIAL, CREMATIO REMOVAL (Specify)	2-10-		22c. NAME OF CEMET	ERY OR CI	REMATORY .		Salto.	or county)	Ind	(Store)
23. 1	FUNERAL DIRECTOR	S SIGNATURE	e-C	atanivelle	To	240. REC'1	D BY REGISTI	-0 1 2 4	STRAR'S SIGN	1	

RESIDENT DE LA PARTICIPA DE LA PRESENTACIÓN DE LA PROPERTIDA DE LA PORTIDA DE LA PROPERTIDA DE LA PROPERTIDA

Carl Stranger of hypothesis and his make the Williams 2.72

BOKEVO A. P.

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This certificate shauld be executed within 24 hours after death	rd "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta	=	1
5:5	71	E	3
Boss	-	O	

	STATE DEPARTMENT STATE DEPARTMENTS			H	. Dist. No	01551
PLACE OF DEATH O. COUNTY BAGTO	MARYLAND	2. USUAL RESIDENCE (When			sidence bel	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out 54 ESSEX	side corporate limits	, write RURAL	and give n	earest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in he	spital, give street address)	d. STREET ADDRESS	SIDE	RD		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)		SUM	DATE OF DEATH FE	Month / 3	Day	Year 19 5 8
SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In )			IF UNDER 24 HRS.

	_			1 miles						
	b	c. LENGTH OF STAY IN 1b and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give	negrest town)						
		FSSEX	541=SSFX							
20	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
W		161 RIVERSIDE RP	161 RIVERSIDE RD	YES NO						
		NAME OF First Middle DECEASED	Last 4. DATE Month Da	y Year						
			DEATH FEB. 13	1958						
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years lost birthday)  Adapths Deve	R IF UNDER 24 HRS.						
	1	MALE WHITE WIDOWED DIVORCED .	IAN 1- 1871 87 yrs. Months Days	Hours Min.						
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI- uring most of working life, even if relired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?						
	ľ	FIREMAN RETIRED	VA.							
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1		UKN	UKN							
1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address	ME AS						
			OSEPH W BROWN (SON)	ROVE						
		18. CAUSE OF DEATH [Enter only one causespey line for (a), (b), and (c).]	IN	ERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY: By Le Levio Scles A	c Heart de ens	O HORES						
		420.0 DUE TO 0								
		Conditions, if any, which) afternoon for the	art farluie	Zaclas						
		gove rise to immediate cause		80-00//						
		(c), sloting the underlying DUE IO								
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY								
0	CATION			YES NO						
	TE	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Ex	nter noture of injury in Port I or Port II of item 1B.)							
	CERTIF	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.								
	₫		E OF INJURY (Home, form, 20f. (City or town) (County)	(Slate)						
	MEDICAL	Hour a, m. While Not while tocta	rry, street, affice bldg., etc.)							
		21. I certify that I took charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry	, and find that						
			cide , Homicide , Undetermined cause .	,						
		(   // // // // // // // // // // // // /								
		ACTUAL SIGNATURE SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED						
2		SIGNATURE TO A L	ASSISTANT MEDICAL EXAMINER	2/15/1						
-		EXAMINER'S NAME (Typo)	DEPUTY MEDICAL EXAMINER	d-12 20						
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	(State)						
)	0	REMOVAL (Specify) FEB. 17-1958 PROVIDEN	T BALTO. CO.	MP.						
3	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATI							
	1	John & Connelly, Essel 11- 7	md. DATE FER 2 4 '58 Planesure	6						
			TED TO THE TOTAL PROPERTY.	/						

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BUREAU V. S.

FEB 24 1958

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CERTIFICATE OF PERSONNEL OF PERSONNEL

BUREAU K. E.

DATE COLD STATE

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ath: Page 4

AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, and be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the prior to burial, crematian, ar remaval, and in any event within 72 thours after death. DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs haspital ar attending physician. TO HOSPITAL OR A

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFIC	ATE	OF	DEATH	
CEIVIII IC			PEAIII	

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1582	CERTIFICATE OF I	76/7111	Reg. Dist. No.	
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND 2. USUAL RES		If institution: Residence, before on	dmission)
RURAL (and give nearest town) (Revel)	2 yrs X /41	TOWN (If outside carporote lim	Reual)	town)
d. NAME OF HOSPITAL (If not in hospital, give street address OR NST TUTION	d. STREET	ADDRESS	1	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print) LUCRETIA -	E-Middle BUL	SI L 4. DATE OF DEATH	Month Day	Year 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED   May 7	7-1877	(In years birthdoy) Months Doys Ho	INDER 24 HRS.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of warking life, even if retired)	OF BUSINESS OR INDUSTRY 17 BIRTHP	MCE (State or foreign country)	12. CITIZEN OF W	HAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S	Ruswn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos, no. or unknown) (If yes, give wor or dofes of service)	at security No. 17. INFORMANT charles	Bull- Han	afrited Ro	md
18. CAUSE OF DEATH [Enter only one couse per title for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(o), (b), and (c).] my vica	editio .	INTERVA	L BETWEEN
Conditions, if any, which gave rise to immediate DUE TO	intering Cars	Lev Penel Case	who Mesiese	
lying couse last.	mie Hornent	w neploul		
Part II. OTHER SIGNIFICANT CONDITIONS CONT			PI YES	ERFORMED?
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE OF CONTRIBUTING 6 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter noture of	of injury in Port I or Port II of it	em 18.)	
Haur a. gr. While	Y OCCURRED Not while of work  20e. PLACE OF INJURY factory, street, affic	(Home, form, 20f. (City or town bldg., etc.)	n) (County)	(Stole)
21. I certify that I attended the deceased f	ram Oct 1 , 1943	to Herry 13	, 19 T, that I last saw	the deceased
ACTUAL SIGNATURE SOBJES	and that death occurred at	ADDRESS (Street, city		DATE SIGNED
PHYSICIAN'S 1 Sep 4 E. B	ush MO	HAMPS FER	4D 14d	
220. BURNAL CREMATION, 226. DATE THEREOF 220. REMOVAL (Specify) Heb-17-1958	NAME OF CEMETERY OR CREMATORY Slevak Rock	22d. LOCATION (C	ity, town, or county)	(State)
23, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS upstead Mid	24g. REC'D 8Y REGISTRAR	24b. REGISTRAR'S SIGNATURE	

FEB 18 1928

22d. LOCATION (City, fown, or county)

240. REC'D BY REGISTRAR

Occomac Va-

24b. REGISTRAR'S SIGNATURE

(Stote)

22c. NAME OF CEMETERY OR CREMATORY

Edge Hill

ADDRESS

with Filed shauld Pages 臣 papers. carbon offec physician 2 hours 22 ending þ Hit. any gned and burial-transit 9 detached DIR 0

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5 SEX

CERTIFICATION

WEDICAL

220. BURIAL CREMATION.

Removal 23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

226. DATE THEREOF

2/18/58

VS A15 (4) 15M 9/5S

1328 F 1328

11		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 U1555
TATE		15 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
DEPT.	=	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Persona		b. COUNTY Gallo MARYLAND O. STATE HE b. COUNTY
(M)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest lown)  3 VOI. 4
	-	I. NAME OF HOSPITAL OR MISTITUTION (If not in hospital, give steept address)  d. STREET ADDRESS  ON A FARM?
00	2	NAME OF Spirit A Middle 1 1011 14 DATE (Marth Day Yes   NO 12
		NAME OF DECEASED (Type or print) Sadic Isabe / Butterworth DEATH to bruerry 23 1918
	5. 3	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  WIDOWED DIVORCED 7. DIVORCED 7
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country)
	13.	FATHER'S NAME.  14. MOTHER'S MAJORY-NAME
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16-SOCIAL SECURITY NO. 17. INFORMANT  Address
	[Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:
,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COYONAY! (CC/USION)  DUE TO  DUE TO  DUE TO
1		Conditions, if ony, which gave rise to immediate cause (b) Dronchlal In@umonia 4Days
		(a), sloting the underlying (c)
	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	CATIO	PERFORMED? YES NO P
	CERTIFI	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  CAUSE OF DEATH.
	WEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 20d. INJURY OCCURRED While Not while of work of wor
	2	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my
		opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
		ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER D
2		EXAMINER'S DEA VICE FO DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY DEPUTY DEPUTY MEDICAL DEPUTY MEDICAL DEPUTY MEDICAL DEPUTY DEPUTY MEDICAL DEPUTY DEPUT
	220	PARIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City, town, or county) (State)
0	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
1	1	Henking of mole 4gar Vork 1d DATE FEB 2 6 '58 West educh

MARYEND STATE DEMENDENT OF HEALTH SALTIMONS.

BUREAU V. &

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BECEIVED

TO HOSPITAL OR

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01557

>		585	CERTII	FICA	TE OF DEATH		Re	g. Dist. No.	
	D. PLACE OF DEATH Baltimon	e	MARYL	AND	2. USUAL RESIDENCE (Whe o. STATE Mary	/ /	h COUNTY /	Residence before	
X	b. CITY OR TOWN (If autside carporate lin RURAL and give negrest town)		LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF au 53 Duna	1 11	imits, write RURA	L and give near	est tawn)
	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION 8401 +	1 1	d Road		Box 38	Mary	Land Av		IS RESIDENCE ON A FARM? YES NO DC
1	P. NAME OF DECEASED (Type or print) Mrs.	Margo			Cimino	4. DATE OF DEATH	Februa	Day	Year 19 58
1	female 6. COLOR OR RACE white	WIDOWED	_		Apr. 18, 18	395 la	GE (In years IF U st birthday) Ma		Haurs Min.
	0a. USUAL OCCUPATION (Give kind of wark during most of working life, even if retire Housewife	dane 10b. KIN	ND OF BUSINESS OR	INDUS	Marklana	1	1	12. CITIZEN OF	SA
1	3. FATHER'S NAME Dariel Mc Co	nway			Margaret	11 1	es		
1	5. WAS DECEASED EVER IN U. S. ARMED FO (If yes, give wor or dates of		CIAL SECURITY NO.	17. IN	br. Vincent	Cimino	, Box =	38 Mari	yland Av
	18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	1 Um	or (o), (b), and (c).]	u	Oca	lus	n	INTER	TAND SEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the under-	Ar	ferio	Sel	les Lic	#1)		/	5965
	PART II. OTHER SIGNIFICANT CON  200. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS CON	TRIBUTING TO DEAT	TH BUT I	NOT RELATED TO THE TERMIN	IAL DISEASE CON	NDITION GIVEN II		WAS AUTOPSY PERFORMED?
		20b. DESCRIB	BE HOW INJURY OC	CURRED	. (Enter nature of injury in Pa	art I ar Part II af	item 18.)		
1401037	20c. TIME OF INJURY Manth, Day, Ye Hour a. m. p. m. 19	20d. INJU While at work	Nat while	Oe. PLA	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City or to	lwn)	(County)	(State)
	21. I certify that lattended the	deceased		Seath	, 19, ta				v the deceased
	ACTUAL SIGNATURE	N/a	llees	M			city or lawn, state		DATE SIGNED
	PHYSICIAN'S SACK	2 Co	llins		BA	1652			
2	20. BURIAL, CREMATION, 22b. DATE THEREGOVAL (Specify)  BULL 01  3/3/5	8 22	Loudon	Par	k Cemetery	Bal	(City, town, or cou	Mary	(State) Land
2	Leonard J. Ruck 5	305 H	arford R	load	1 46711	BY REGISTRAR	24b. REGISTRAF	SULLA SURE	

CERTIFICATE OF DEATH

BUREAU V. S.

LEB 58 1953

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01558

M)	1.	PLACE OF DEATH O. COUNTY Ba			
		b. CITY OR TOWN (IF RURAL and give nec Dundal			
00		d. NAME OF HOSPITA OR INSTITUTION 7835 Fa			
	3.	NAME OF DECEASED (Type or print)			
	5. 5	SEX			
		Female			
	10a	during most of working at home			
	13.	FATHER'S NAME			
	1S. (Ye:	WAS DECEASED EVER			
		18. CAUSE OF DEAT			
R)		PART I. DEAT			
1		151X			
		Conditions, if an			
		cause (a), stating th			
	Z	lying cause last. PART II. OTHE			
0	ATIC				
	MEDICAL CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A			
	CAL	20c. TIME OF INJURY			
	MED	Hour a. st. p. m.			
		21. I certify the			
		alive an			
1		ACTUAL SIGNATURE			
Fla.		PHYSICIAN'S NAME (Type)			
0	220	BURIAL, CREMATION			
172	23. FUNERAL DIRECTOR'S				

th. Page 4

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 imay be recained by maspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3.1 wild be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the region, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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	1533	CEKIIFIC	AIE OF DEAL	п		Reg. Dist. No	. HIO	00
1. PLACE OF DEATH a. COUNTY BE	altimore	MARYLAND	2. USUAL RESIDENCE (V	Where deceased live	d. If institution	n: Residence befo Baltimor	re admission)	
b. CITY OR TOWN (II RURAL and give ne Dunda		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate I	imits, write RU	IRAL and give re	arest town)	
d. NAME OF HOSPITA OR INSTITUTION. 7835 F.	AL (If not in hospital, give stree airgreen Rd.	address)	d. STREET ADDRESS 7835 Fair	green Rd.			e. IS RESIDEN ON A FAR YES NO	
3. NAME OF DECEASED (Type or print)	First KATHARINE	Middle ELIZABETH	Lost CLAY	4. DATE OF DEATH	Monti Febr	uary 1		58
5. SEX Female	6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED DIVORCED DIVORCED	Feb. 12, 1	l la		Months Days		HRS. Min.
10a. USUAL OCCUPATIO during most of work at home	ON (Give kind of work done 10bing life, even if retired)	. KIND OF BUSINESS OR INDU		te or foreign country	')	U. S.	F WHAT COL	UNTRY?
13. FATHER'S NAME	?		14. MOTHER'S MAIDEN	?				
	R IN U. S. ARMED FORCES? 16 If yes, give war or dates of service)		informant Irs. Mary Has	ty 7835	Addre Fairgre			
	nmediate (	are of (a), (b), and (c).	he etr	nach		ON:	ERVAL BETWE SET AND DEA	ITH 173
20g. ACCIDENT WA	I I CAUSE OF DEATH I	CONTRIBUTING TO DEATH BU				N IN PART 1(o)	9. WAS AUTO PERFORMEN YES NO	D3
U (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour a. ji. p. m.	MEDICAL EXAMINER)	Not while fo	LACE OF INJURY (Home, fa actory, street, office bldg., e	rm, 20f. (City or to	own)	(Caunty)	(5	State)
21. I certify that I attended the deceased from party, 19.17, to 1/2, to 1/2, that I last saw the deceased alive an 19.17, to 1/4, to 1/4, to 1/4, to 1/4, that I last saw the deceased alive an 19.17, to 1/4, to 1/4, to 1/4, that I last saw the deceased alive an 19.17, to 1/4, to 1/4, that I last saw the deceased alive an 19.17, to 1/4, the 1/4, that I last saw the deceased alive an 19.17, to 1/4, that I last saw the deceased alive an 19.17, that I last saw the deceased alive an 19.17, that I last saw the deceased alive and that I last saw the deceased alive an 19.17, that I last saw the deceased alive an 19.17, that I last saw the deceased alive and that I last saw that I last saw the deceased alive and that last saw that I last saw the deceased alive and that last saw that I last saw that last saw that last saw that last saw that l								
REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	2/22/58	Parkwood Ce	metery	Baltin	nore Co	., Md.		
	Funeral Home, 1		DATE	C'D BY REGISTRAR	Z4b. KEGIST	RAR'S SIGNATU	)	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH shauld be remation Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) AL STREET ADDRESS e. IS RESIDENCE ON A FARM? rame YES NO NO NAME OF Middle DATE Month Yeor DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with st last birthday) Months Days Hours Min. DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 20 min IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which lang gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY SO PERFORMED? NO X Examiner 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 22000 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Not while the 272419 of work of work none 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X, Inquiry X, and find that Chief to the Chief death resulted from: Natural causes X, Accident . Suicide | Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE erded t ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Buria] Balto, Md. Loudon Park Cem-23. FUNERAL DIRECTOR'S SIGNATURE 24b.-REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS. A15ME(5) 5M 9/55

BUREAU V. S. EEB 36 1328  I

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ENDING PHYSICIAN: The law requires that the death certificate be execu		ECTOR: After this certificate has been signed by the attending physician and car	e detached for use as the burial-transit permit. Then please remave carbon page
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>	15.	34	CERTIFIC	ATE OF DEAT	Н		Reg. Dist. N	ULU	01)
1. PLACE OF DEATH o. COUNTY	altimore		MARYLAND	2. USUAL RESIDENCE (W. o. STATE	/here deceased liv	ed. If institution b. COUNTY	n: Residence be		sion)
b. CITY OR TOWN RURAL ond give r	(If outside corporate limi legrest lown) IDAIX	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write Rt	JRAL ond give r	earest tow	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g 20 Trappe			d. STREET ADDRESS	rappe	Roa	d	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Leen Fir	st	Middle	Collins	4. DATE OF DEATH	Mont		Day 7	Yeor 19 -5 - 4
5. SEX Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 11, 1	1884	AGE (In years ast birthdoy)	Months Doys	R IF UND	
Marchine	ON (Give kind of work of the life, even if retired)	one 10b.	kind of Business or Indi lack & Dock	USTRY 11. BIRTHPLACE (STORE Phila.			U.S.		COUNTR
13. FATHER'S NAME Ant	hony Kala	czyn	ski	14. MOTHER'S MAIDEN	raxeda	Laska			
15. WAS DECEASED EVI	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.			Addre	 420 Tr	appe	Rd.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1	e for (o), (b), and (c).]	Emboli.			IN	TERVAL BE	TWEEN
Conditions, if c gove rise to i couse (o), stoting	mmediate (		Hyperter.	ws Dise	c (e		,	2 y-	eng
lying couse lost.		DITIONS S	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM		NDITION GIVE	N IN PART 1(o)	PERFO	AUTOPSY ORMED?
PART II. OT			RIBE HOW INJURY OCCURRI		Port I or Port II o	of item 1B.)		1.60	NO (A)
20c. TIME OF INJUI Hour o. ji, p. m.	RY Month, Day, Yea	20d. IN While of work	_ Not while _ fo	ACE OF INJURY (Home, farrictory, street, office bldg., etc.	m, 20f. (City or I	own)	(Count	')	(Stote)
21. I certify the alive an	mat I attended the 2427 Morris	decease _, 19_5 			M, from the ADDRESS (Street.	e causes a	nd on the d	ate state	ed abov
PHYSICIAN'S NAME (Type)	MORKIS,	4.	Jacobs					3	12/5
220. BURIAL, CREMATIC BREMOVAL (Specify)		58	St. Stanis		22d. LOCATION	(City, town, or		(Stote	e)
3. FUNERAL DIRECTOR John J.		22 W:	ADDRESS ise Ave. 22,		D BY REGISTRAR		PAR'S SIGNAT		

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MARYLAND STATE DEPARTMENT OF HEALTH-EAUTHORE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(SS2) CERTIFICATE OF DEATH

Batrice E. Stemmell

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BUREAU V. S.

EEB 4 1328

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VS A15 (4) 15M 10/57

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1588 CERTIFICATE OF DEATH

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1588

Reg. Dist. No.

)	1. PLACE OF DEATH B.	altimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTYBaltimore
1	b. CITY OR TOWN (III	outside corporate limits, write	c. LENGTH OF STAY IN 16	THAT Y THIRD. S
	RURAL ond give ne Catonsvi	arest town)	2yrl3mth22dys	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  52 107 Oakdale Avenue - Catonsville, Md.
	d. NAME OF HOSPITA	AL (If not in hospital, give stree		d. STREET ADDRESS e. IS RESIDENCE
1	OR INSTITUTION SPRING GRO	OVE STATE HO	SPITAL	107 Oakdale Avenue
1	3. NAME OF DECEASED (Type or print)	First William	Middle Michael	Connor Death February 24 19 58
3	5. SEX	6. COLOR OR RACE 7. MAI		The state of the s
	amle	white widow	VED DIVORCED	May 28, 1891   lost birthday)   Months Days Hours Min.
	doring most of work	N (Give kind of work dane 10bing life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	var vearer	leured	England U. S. A.
		lliam Connor		Katherine Hearty Hages +
		IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	INFORMANT AND
i	no	If yes, give wor or dates of service]	Unknown Red	cords: SPRING GROVE STATE HOSPITAL
		DUE TO y. which (b)		ic cardiovascular disease Interval Between ONSET AND DEATH
)	200. ACCIDENT WAS	S UNDERLYING ( 20b. DE		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED? YES NO   D. (Enter nature of injury in Port I or Part 11 of item 18.)
		MEDICAL EXAMINER)		
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. While of wo	Nat while	ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State)
	21. I certify the alive an	Stella Wa	and that death	3 , 1957 to Feb. 24 , 19 58, that I last saw the deceased accurred at 12:005 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. SPRING CROVE STATE HOSPITAL 2-24-58
	PHYSICIAN'S NAME (Type)	Stella Wachs	ler M. D.	Catonsville 28, Maryland
	220. BURIAL, CREMATION BEMOVAL (Specify)	2/17/58	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S	SIGNATURE HOO	n 28	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE EB 2 7 '58

ALARY AND STATE DEPARTMENT OF BEALTM-KALTHROPS, 18 

BUREAU V. E. - 8361 25 833



FEB II 1955

CHRESTO DOUGLASS MAD AND AND THE WORLD

ı	19:10	CERTIFICA	ALE OF DEATH	F	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE  M.D.	b. COUNTY	Residence before admission) BALTIMORE
	B. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  RURAL WHITE HALL  3	OYRS	c. CITY OR TOWN (If outside of the control of the c	corporate limits, write RUR WHITE H	AL and give nearest town)  ALL
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) W LEX	EL1	CORNETT 4. DO	ATE Month FATH 2 -	28 1952
	MALE WHITE WIDOWED	DIVORCED	8. DATE OF BIRTH 4-1881	lost birthdoy) A	Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF during most of working life, even if retired)  RETURED FARMER	BUSINESS OR INDU	VIRGINI	ign country)	12. CITIZEN OF WHAT COUNT
	13. FATHER'S NAME  VIELDON CORN	ETT	ANGLINA	AND	ERSON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yos, no, or unknown) If yes, give wor or dates of sorvice) 218-12	ECURITY NO. 17. 1	nformant yes. Floyd Cap	- White Ha	el RW, md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b), and (c).]	Thombox	is the second second	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost.  DUE TO  (b) Glantic  (b) Glantic  (c)	alized	artirio sa	lerosis	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	Elletus		SEASE CONDITION GIVEN	I IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		W INJURY OCCURRE	D. (Enter noture of injury in Part I o	or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OF While Not of wark of the of wark 19		ACE OF INJURY (Home, farm, 20f. ctory, street, office bldg., etc.)	(City or town)	(County) (State
	ACTUAL TAMA FA			. /	that I last saw the decear d on the date stated aboute) DATE SIGN
	PHYSICIAN'S A M. F. R.	TNCL	PAR	KTONM	d
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NA REMOVAL (Specify) 3-2.58 NE	W BETHL	TO TATAL	OCATION (City, town, or EWARTS TOW	. )/ //
	Zenneth Worshum Ster	DRESS	DATE MAR 4	egistrar 245 registr	AR'S SIGNATURE

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TO HOSPITAL OR A IDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after that it has been standard by the attending physician and completely filled by the funeral director, page 3 and be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 shauld be filled with the region to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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13	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MARGE
124	15:11 CERTIFICATE OF DEATH Reg. Dist. No.	01565
Page Authorities with	PLACE OF DEATH  O. COUNTY  BALTIMORE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE MARYLAND b. COUNTY BALL	fore admission)
be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town).	earest town)
funda funda	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS OR INSTITUTION	e. IS RESIDENCE
by the nd 2 str	RICES LANE	e. IS RESIDENCE ON A FARM? YES NO
77	NAME OF DECEASED (Type or print)  Niddle Lost Cox OF DEATH PEB 2	6 1988
s within 2.  Pages  Pages  Pages	SEX  6. COLOR OR RACE  NEVER MARRIED NEVER MARRIED  NEVER MARRIED	R IF UNDER 24 HRS. Hours Min.
nd camp n paper death.	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country)  12. CITIZEN	OF WHAT COUNTRY?
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	'a a a a a
siciar ve ca rrs af	GRIAH COX CORRILLA REBECCA HI.	PSLEY
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service)  Address  MRS FRANCES COL - RIFES LANGES	E- BAKTO 7
death tendii olease ithin	IB. CAUSE OF DEATH [Enter only one couse per lige for (o), (b), and (c).]	TERVAL BETWEEN
the of hen p	IMMEDIATE CAUSE (o) CORONARY OCC LOUS ON	DAY
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signed in an	gove rise to immediate code (a), stating the under-lying couse last.	
sicial Seen If, an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
The It has be has be right and the left has be right and the left has been moved and t		YES NO
HAN: The landing phy lificate has by the burial-landing.		
PHYSIC al ar att this certi r use as emation,	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work of work of work 19 20d. INJURY (Home, form, 20f. (City or town) (County foctory, street, office bldg., etc.)	(Stote)
ospital de la cr	21. I certify that I attended the deceased from IAN 5 , 1958, to FEB 26 , 1958, that I last	
F. A. D. R. A. A. B. Lache burn	alive an 15 30 M, fram the causes and an the death accurred at 7.30 M, fram the causes and accurred at 7.30 M, fram the causes accurred at 7.30 M, fram the 6.30 M, fram	ate stated abave.
RECTC RECTC be de rior to	SIGNATURE TRAMBA & Wheeler M.D. 3601 Climas Rd - Ballo	7 - 2/26/58
retaine Mit Distant	PHYSICIAN'S NAME (Type)	*
HOSPITAL nay be rela FUNERAL page 3 bour he rela	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
D Page the page	Mar. 1,1958 Bruid Ridge Balto. Maryland  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	IDE
VS A1S (4)	Joung Dyero 8728 biberty Road DATE FEB 2 8 '58	JAC TOTAL
13M 7733	Anndallstown, Maryland	

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BUREAU V. S.

FEB 88 1959



death. Page

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

VS A1S (4) 1SM 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1592

**CERTIFICATE OF DEATH** 

01566

						Keä	, Dist. 140.	
1. PLACE OF DEATH o. COUNTY	Baltimore	MAR	YLAND 2.	usual residence (W		If institution, Re. COUNTY		ian)
b. CITY OR TOWN RURAL ond give	(If outside corporate lim nearest town)  ESSEX	its, write c. LENGTH OF STAY	7 IN 16 5	c. CITY OR TOWN (IF	outside corporate lim	its, write RURAL	and give nearest town	)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, a	give street address)	/	d. STREET ADDRESS			e. IS RESI	IDENCE FARM?
	2240 MOn0	cracy Rd.		2240 Monoc	racy Rd.	(21)		NO D
3. NAME OF DECEASED (Type or print)	Fi <b>Fred</b>	rst Middle C. Crampton		Last	4. DATE OF DEATH	Month ebruary		Year 19
5. SEX Male	6. COLOR OR RACE	7. MARRIED NEVER MARR WIDOWED DIVORCE		ATE OF BIRTH	9. AGE	(In years IF Ut birthday) Mon yrs.	oths Days Hours	R 24 HRS. Min.
during most of wo	ION (Give kind of work prking life, even if retired porter)	done 10b. KIND OF BUSINESS (	OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12	U. S. A.	COUNTRY
13. FATHER'S NAME			1.	4. MOTHER'S MAIDEN				
	Crampton				h Hayworth	1		
(Yes, no, or unknown)	/ER IN U. S. ARMED FOI	16. SOCIAL SECURITY NO 219-05-0364		me Rohrig	Same	Address		
Conditions, if gave rise to carse (a), stating lying couse lost	g the under-	c)						
PART II. O	THER SIGNIFICANT CON	Dicher	EATH BUT NO	Bullion	AINAL DISEASE COND	PITION GIVEN IN	PERFO	RMED?
	VAS UNDERLYING A CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY	OCCURR <b>SO.</b> (E	nter nature of injury in	Port I or Part II of it	em 18.)		
20c. TIME OF INJU	10	oar 20d. INJURY OCCURRED While Not while at wark at work	20e. PLACE factory	OF INJURY (Home, fari , street, office bldg., et	m, 20f. (City or tow	n)	(County)	(State)
21. I certify	that I attended the	deceased fram		., 19, ta		, 19,the	at I last saw the	deceased
alive an	400-	, 19, and tha	death oc	curred at	M, fram the ADDRESS (Street, cit			ed abave ATE SIGNED
PHYSICIAN'S NAME (Type)	WM.	A. Rodeer	V_		Ball	1.21	W	
22a. BURIAL, CREMATI REMOVAL (Specif	") 2/10/5	8 Moreland			Balto. G		,,	·)
James J. E	ruzdzin <b>s</b> ki	1407 Eastern A	ve.	24a. REC	D BY REGISTRAR	24b. REGISTRAR	S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH FALTIMORE, 18

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CERTIFICATE OF DEATH

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	ough Arthur office		

BUREAU V. S.

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BUREAU V. W		
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VS A15 (4) 15M 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01568

1594 **CERTIFICATE OF DEATH** 

Rea Dist No

1.	PLACE OF DEATH			2. USUAL RESIDENCE (WH	ere deceased lived. If inst	itutianı Residenc	
L	a. COUNTI	altimore	MARYLAND	a. STATE	b. COU	NTY _	ltimore
1	b. CITY OR TOWN (If RURAL ond give ne	autside corporate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, wri		
	Catonsvi	lle	3 Yrs.	X Woodl	awn		
П	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give str	eet address)	d. STREET ADDRESS			e. IS RESIDENCE
	Caton Rid	ge Nursing	Home	4 Colonia	1 Road		ON A FARM? YES NO TO
3.	NAME OF DECEASED (Type or print)	First	Middle	lost	OF	Month	Day Year
-	SEX	Ira		aniels		eb.	2, 1958
4.	Male	440 0 1	_	B. DATE OF BIRTH July 15,187	9. AGE (In ye lost birthdo	ars IF UNDER 1 (y) Manths (yrs.	Days Hours Min.
10	e. USUAL OCCUPATIO	N (Give kind of work done 1	Ob. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State			ZEN OF WHAT COUNTRY?
	Laborer	ing life, even if retired)	Darragger, e vro	ing			
13	. FATHER'S NAME		Academy	14. MOTHER'S MAIDEN N			U.S.A.
	Tohn H	Daniels					
15	. WAS DECEASED EVER		16. SOCIAL SECURITY NO. 17. I	NFORMANT	J. Forney	Address	
(Y	(es, no, or unknown)	f yes, give war ar dates of service)					7 707 (70)
-	no l			ances J.Kri	ckbaum 4 C	olonia	1 Rd. (7)
	PART I. DEAT	TH (Enter anly one couse pe TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	fine for (a), (b), and (c).	Thombose			ONSET AND DEATH
	7.00,	DUE TO	0 1-0	1			
	Canditians, if an		alleus see	erosi x	revolund		serfron.
	gave rise to im couse (a), stating th			0			
	lying couse last.	(c)					
O N	PART II. OTHI	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART	1(a) 19. WAS AUTOPSY
3		100	nce of lon	ul -			PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING (1) 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of item 18.)		
			. INJURY OCCURRED   20e. PL/	ACE OF INJURY (Home, farm,	loos seri		
MEDICAL	Hour a.m. p.m.	Wh	ile Nat while fac	story, street, office bldg., etc.)	ZVI. (City or fown)	(Co	ounty) (State)
	21. I certify the	at I aftended the dece	ased from Ass	, 1955, to	1/2- 10	Phot I la	et com the december
	alive on/	130 10					ist saw the deceased
		1	a and dealing	occurred at 12 7	DDRESS (Street, city or tov	s and on the	
	ACTUAL A	ul la	1111		- A 1.	vii, sidiej	DATE SIGNED
	SIGNATURE	11 6	27 1	W.D 7605	CE MAN	on on	- 4/3/ I
L	PHYSICIAN'S @ L	LIFE RAD	1FF				
22	a. BURIAL, CREMATION REMOVAL (Specify)		22c. NAME OF CEMETERY OF		22d. LOCATION (City, tow	n, ar county)	(State)
1	Bunjal	2-4-1958	Good Sheph		Howard Co.		Md.
23,	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS AL LE	240. REC'D	BY REGISTRAR 24b. RE	GISTRAR'S SIGN	NATURE
·PC	- HEELENO	Corrong .	287 W. NOFTH	DATEFER	4 '58 1000	1	/
-					1000	PRALLE	3A

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	Charles Andrews	
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VS A15 (4) 15M 9/SS

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIM	ORE, 18
1595	CERTIFICATE	OF DEATH	R

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-	ATE OF DEATH	Reg. Dist. No.			
D	2. USUAL RESIDENCE (Where deceased lived o. STATE /// D ,	I. If institution: Residence before admissi b. COUNTY BALTO (			

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
BALTIMORE MARYLAND	O. STATE MD, BALTO,
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)  (ATONSVILLE LIFE	52 CATONSYILLE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
2 DUNG-ARRIE RP.	2 DUNGARRIERD, YES NOD
3. NAME OF DECEASED (Type or print) AROLVN LOUISE	DAWSON 4. DATE Month Day Year OF DEATH FEB, 13, 1958
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
FI WI WIDOWED DIVORCED .	July 19, 1890 (ast birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	MD, USA,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE W. DAVIS	UNTENOUAL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NORMANT ROY DAWSON! Address
2	47 BLAKENEY RD, CATONISVILLE 28, MD
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of C	ecum with instastases quarte
153.0 DUE TO	
Conditions, if ony, which ) (b)	
gove rise to immediate cause (o), stating the under DUE TO	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 While at work at work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram aquil /	, 1957, ta Feb 1.3 , 1958, that I last saw the deceased
	occurred at 5.15 P. M, from the causes and an the date stated abave.
A A A A A A A A A A A A A A A A A A A	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE Johns heght 9.	MD. 1118 ST. PAUL ST. 2-14-58
	m.b
PHYSICIAN'S JOHN A. NESBITT, JR.	BALTIMOKE, 2, MARYLAND
220. BURIAL, CREMATION, 22b. DATE THEREOF/ 22c. NAME OF CEMETERY O	
BURIAL (Specify) FEB. 17/6 8 LOUDON PA	ARK CEMI, BALTO, N.D.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	AUF, 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
WITEKE FUNERAL DIR. 4161 EDMOND	DSON DATEB 2 4 '58 QUE CALLED

CERTIFICATE OF DEATH

BURKAU V. &

EEB SV 1828

DECEIVED

Liberty Heights

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

THE RESIDENCE OF THE PARTY OF T EEB 54 1959 A Translation of the American 

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15:18 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

	Dist.	.0	1	5	7	2
Rea.	Dist.	No.	_			

1. PLACE OF DEATH o. COUNTY	Baltimo	re	MARYLA		a. STATE	orvlar		lived. If institution b. COUNTY	Residence		mission)
b. CITY OR TOWN (If or RURAL and give neare	otside corporate limitest town) Overlea		c. LENGTH OF STAY IN	1Ъ	_	verlea		ote limits, write RI	JRAL ond gi	ve nearest 1	lown)
d. NAME OF HOSPITAL OR INSTITUTION		ive street o .nd.en			d. STREET		Linden	Ave.		O	RESIDENCE N A FARM? NO 2
3. NAME OF DECEASED (Type or print)	Fir	harle	Middle	dson	Sr.	st	4. DATE OF DEATH	Mont	reb.	Day	Yeor 1958
5. SEX 6.			ED NEVER MARRIED	8. 0	Jan. 2				IF UNDER 1	YEAR IF UI	NDER 24 HRS.
10a. USUAL OCCUPATION during most of working Pipe Fi	(Give kind of work of life, even if retired)	ione 10b. I	Plumbing		11. BIRTHP		or foreign cou			S.A.	HAT COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S						
Geo	rge W.	Dodso	n			Unkno	own Ca	asey			
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye NO	U. S. ARMED FOR st, give wor or dates of si	ervice)		Mrs.		lmine	C. Doc	Address 680	oss D3 Lin	den A	ve.
Conditions, if any, gave rise to imm cause (a), stating the lying couse lost.  PART II. OTHER  20a. ACCIDENT WAS U OR CONTRIBUTING  (IF EITHER, NOTIFY ME)	ediote DUE TO (c) SIGNIFICANT CON	neu co	ONTRIBUTING TO DEATH Proslat RIBE HOW INJURY OCC	e,	inop	eralel	20		LISEASE EN IN PART	1(o) 19. W/PEF	RFORMED?
W 20c. TIME OF INJURY Hour a. jt. p. m.	Month, Day, Yea	While of work	Not while	factory		7, to 7.	elirua _M, from	the causes a	that I la	unty) est saw the	(Stote) the deceased ated above.
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	and Is ?	Mue	oler .	M.D.	6	331	ADDRESS (Stre	et, city or town, s	tate)		DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		f 1958	22c. NAME OF CEMETE Zion Lut					on (City, town, or en Ring F			co. Md.
23. FUNERAL DIRECTOR'S SI	GNATURE MUSAL AL	me.	7401 Bel	Pair	Rol		BY REGISTRA	AR 24b, REGIS	TRAR'S SIGN		

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1600

**CERTIFICATE OF DEATH** 

Reg. Dist. NJ. 1574

1. PLACE OF DEATH a. COUNTY			44.40	(LAND	2. USUAL RESIDENCE (		ed lived. If institut		e befor	e admissi	ion)
	IMORE				2	YLAND					
RURAL and give n	If outside corporate limits, earest town)	write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If outside corp	porate limits, write f	RURAL and gi	ve nea	rest town	) - 1
FORT HOWA			4 DAYS		BALTIMORE				ON	0/,6	+
d. NAME OF HOSPIT	TAL (If not in hospital, giv	e street o	address)		d. STREET ADDRESS				- '	e. IS RESI	IDENCE FARM?
VETERANS	ADMINISTRAT:	ION I	HOSPITAL		4410 MARE	BLE HAI	LL ROAD				NOTOK
3. NAME OF DECEASED (Type or print)	First JOHN		Middle T		DONOVAN DONOVAN	4. DATE OF DEAT			Day 9		Year 19 58
5. SEX		7 41400	IED A NEVER MARRI	C	B. DATE OF BIRTH	DEA.	9. AGE (In years	IF UNDER I	-		
MALE		VIDOWE			FEBRUARY 7,	1894	lost birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (Ste	ote or foreign	country)	12. CITI	ZEN O	F WHAT	COUNTRY
LINOTYPE	OPERATOR	JOI	B PRINTING		PARKVILI	E. MAR	YTAND	1	J.S.	Δ.	
13. FATHER'S NAME				200	14. MOTHER'S MAIDER		11111			22.0	
JAMES O	DONOVAN				MARY E N	RELITIV					
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO	). 17.	INFORMANT	- LAME CO	Add	lress			
YES YES	(If yes, give wor or dates of serv		12-07-2210	CI	IN REC VET A	ADM HOS	P FT HOWA	RD MAI	RYLA	IND	
	ATH [Enter only one caus	e per lin	e for (a), (b), and (c)	]					INTE	RVAL BET	TWEEN
PART I. DEA	TH WAS CAUSED BY:	PUI	LMONARY ED	EMA	AND CONGESTI	ON				DAY	
421.1	DUE TO	AOF	RTIC STENO	SIS					U	NKNC	NW
Conditions, if o		0000	0000000000	XXX							
catse (a), stating lying cause last.	the under-	GEN	NERALIZED .	ARTE	RIOSCLEROSIS	5			U	NKNC	WN
	(c)_ HER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIV	/FN IN PART	1(a) 19	. WAS A	AUTOPSY
CATIC						1			,,,,	PERFO	RMED?
PART II. OTH	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESC	RIBE HOW INJURY C	CCURRE	D. (Enter nature of injury	in Port I or Po	art II of item 18.)				
		lea 1		loo ai	155 05 1411104 (1)						13
Howr a.m.	RY Month, Day, Year	While	Not while at work	fa fa	ACE OF INJURY (Home, for ictory, street, office bldg.,	etc.)	ly or town)	(Co	ounty)		(State)
	77A 1 1.1			A TO 37	ר רפ די	TOTAL TO	77 0				
					5, 19_58_, to F						
MOEXOCCCX	200000000000000000000000000000000000000	00000	and that	death	occurred at 5:25				e dat		
ACTUAL	Vin VA	1	.				Street, city or town,	The state of the s			TE SIGNE
SIGNATURE	The Po	17	u		M.D. VAH, FC	ORT HOW	ARD, Mary	rland_		2-9	2-58
PHYSICIAN'S C	HIEN WEI LAN	1			MD VAH, FC	ORT HOW	ARD, MARY	LAND		2-9	9-58
22a. BURIAL, CREMATIC	N, 22b. DATE THEREOF		22c. NAME OF CEM	ETERY C	OR CREMATORY	22d. LOC	ATION (City, town,	or caunty)		(State	2)
REMOVAL (Specify) BURIAL	2-12-58		BALTIMORE	NAT	IONAL CEMETE		LTIMORE M		ND O		
23. FUNERAL DIRECTOR			ADDRESS		Md - 240, RE	EC'D BY REGIS	STRAR 246 REGI	STRAR'S SIGI	NATUR	E	-
John Burns	Sons Funeral	Hot	me 610 YOR	K BD	Touson DATE	FEB 1 1	58 1	Leau	LA		

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VS.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1601 CERTIFICATE OF DEATH Reg. Die

Reg. Dist. No. 1575

1. 7		NAME OF DECEASED DAILIAGET DALL	2. DATE 9 —	95-64
supplied		PLACE OF PEATH	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence
idn	_	FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	before admission)
	H	OSPITAL OR County location)	C. CITY OR TOWN . (If outside corporate limits,	
ful ly.	00	17 LINDEN ERRACE	* RAllimore.	township)
d be carefully and legibly.		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	_
be o		Length of stay in Baltimore Days	8. DATE OF BIRTH 9. AGE (In years) I lim	for 1 Year   II Under 24 Hours
	10	6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	69	Days Hours Min.
	worl	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	Financia	CITIZEN OF WHAT COUNTRY?
ath th	13	S. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
dea		Basil	Konits	
information s of death clo	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s. ao or unknown) (If yes, give way or dates of service) SECURITY NO.	17. INFORMANT 6DD	RESS
of		1/0	Non Var	ne
y item of in	-		OF DEATH	INTERVAL BETWEEN
y it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	To all conditions on	8 4000
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	d.C.	3 701
WE		ANTECEDENT CAUSES	arstone.	
INK. please	Z	(8)		
ple	TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		***************************************
ING	FICA	(C)		***************************************
UNFADING Physicians:	RTIF	MANAGEMENT OF THE COMPANY OF THE COM		
UNF	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
	O	TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19a. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
int,	A			YES NO
7.		OF INJURY OCCURRED WHILE AT   NOT WHILE	ED   21F. HOW DID INJURY OCCUR?	
[A]		m. WORK AT WORK		
TE PLAII especially		22. I hereby certify that I attended the deceased from		
TE		deceased alive on 12, 1958, and that death occur		date stated above.
WRITE e is est		Joseph DB/ang M.D.		2/26/58
Elga	2.	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CENETE ON REMOVAL (Specify) 2-28-58 Cropk	RY OR CREMATORY 240. LOCATION (City, town, or	county) (State)
PLEAS correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A	DDRESS
F 8		D 27 1958	LAMbros Inc 440 E.	North AV

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DECENTED

HOSPITAL

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Page Page ond in 72	duri
M3. M3. M3. With with	13. FA
DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If any delay is need by, please Helper the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the grad of director. Page Helper should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be recorded for your files.  AL DIRECTOR: Page 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board of Health, Helper 18 designated agent, prior to burial, cremation, or removal, and in apy-event within 72 hours after death.	15. W. (Yes, no.
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or re per s	90
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of Exact	18 2
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PLACE OF DEATH

Rural

a. COUNTY

NAME OF DECEASED

female

(Type or print)

23. FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Md Baltimore Ralto MARYLAND b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) end give represt town)
Rural Baltimore 3 yrs rural Balto e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Raven Drive 8706 Raven Ave Middle DATE OF DEATH First Month Yeor 18 19 58 HELEN FEB Downey 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last 616 day) Months 27 Oct 1891 Days Hours | Min. white WIDOWED [ DIVORCED T

\$240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

1			
10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Housewite 12. (  Baltimore, Maryland	UST	HAT COUNTRY
13	FATHER'S NAME 0 14. MOTHER'S MAIDEN NAME		
	Will Johns Mollie D. Downey		
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  If yes, give wer or dotes of service)  Mr. William M. Downey, s	ame	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	· INTERVAL B	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY THROMBOSIS	FEW	HOURS
	40.1 DUE TO		
	Conditions, if any, which) (b) Atherosclerosis Generalized with	_	
	gave rise to immediate cause DUE TO		
	(c) stoling the underlying course lost.  Hypertensive Cardio vascular disease	uno	det
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Fort II of item 18.)	YES [	NO N
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a, m. 19 20d. INJURY OCCURRED foctory, street, office bldg., elc.) (City or town) (Mile Not while at work of wo	County)	(Stole)
	21. I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Ingr	uiry 3,	ond in my
	opinion death resulted from: Natural causes . Accident . Suicide ., Homicide ., Undetermined	· -	
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER	DA	TE SIGNED
	EXAMINER'S NAME (Type)  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  2-1	9-58	
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county	()	Slote)

g. Ruck 5305 Harford Road #14

VS. A15ME 5M 2/57

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MARGIN RESERVED FOR BINDING

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

01578

### 1603CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	
BALTIMOR = MARYLAND	STATE MARYLAM COUNTY	· - /
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
OR givo nearest town) TOWN (in this place)	TOWN BALTIMOL	31/11.4
HOSPITAL OR	STREET (If rural, give location)	0,0,7,4
INSTITUTION OR Shady NOOK CONV. IVone	ADDRESS 3614 3nd ST.	
3. NAME OF (First) (Middle)		
DECEASED CLARA	- (month)	(Day) (Year)
(Type of Time)	DULL DEATH FEB	22 1958
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months Worths	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	1 11 DIDMITH A CID (CL.)	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	MARYLAND	COUNTRY?
13. FATHER'S NAME ,	14. MOTHER'S MAIDEN NAME	
Geo. Leiman	MANY FITZ PATRICK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Family	
L. M.	2011	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
CALCIEIC	- AORTIC STENOSIS	VCAD
Immediate cause	= 101(1 (C JI PROSIS	YEARS
Antecedent cause(s)		
Diseases or conditions, if any, (a) CONGESTIV	E HEART FAILURE	UNKNOWN
giving rise to the above cause stating the underlying cause last		- wand on ab - N argains, amaginate a and a law
stating the underlying cause last		1
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		
198. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While At work		
	50 -11	
22. I hereby certify that I attended the deceased from	1958, to 202 1958, that I last as	aw the deceased
~~		
alive on 22, 1920, and that death occurred at	25 / m., from the causes and on the date sta	ated above,
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
trune 1. Was MD Mallor To	Where Boltten on 29 1/10	22418
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	001100
DWMAVAI (Specify)	The state of the s	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		1D.
REG. REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	McCully Funeral Places 130E	· Tost are

0	D'.	No.	1	5	7	9	)
Reg.	Dist.	No.V	-2.	O	3	9/	•

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	160	4 CERTIFICA	ATE OF DEA	111		Reg. Dist.	No.U L C	14 1
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND		yland	b. COUNTY			
b. CITY OR TOW RURAL and giv	N (If outside corporate limits, write re nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN		te limits, write RI	URAL and give	nearest town	1
OR INSTITUTION	SPITAL (If not in hospital, give streen		d. STREET ADDRESS		Ave.			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Alice	Middle J	Dumler	4. DATE OF DEATH	Mon Febr	**		Year 19 58
5. SEX Female	1071. 0 4.	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7/17/1868	3	last birthday) 89 yrs.	Months Do		ER 24 HRS. Min.
House	ATION (Give kind of work done 10 working life, even if retired)	b. KIND OF BUSINESS OR INDU	Baltime	ore Md.	ntry)		S.A.	COUNTR
	nen D. Flaher		Eliza	Hop <b>ki</b>				
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)		rs George	Maynes	5110	Whit	tefore	l Ave
PART I. 450. Conditions,		ecompensation	E Cardio	Vacce	lar		ONSET AND	TWEEN DEATH
ICATIC	OTHER SIGNIFICANT CONDITION					EN IN PART 1(	PERFO	AUTOPSY PRMED? NO 4
	WAS UNDERLYING   20b. D ING   CAUSE OF DEATH (IFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port I	II of item 18.}			
WEDICAL TIME OF IN Hour a. p.	m. Whi		ACE OF INJURY (Home, f ctory, street, office bldg.,	form, 20f. (City o	or town)	(Cou	nly)	(Stote)
21. I certify alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the deceded the second to th	ased from 10 58 and that death CPS+	MD. 680 Balt	ADDRESS (Street)	the causes a set, city, or town.	itate)	and mad	ed abov
Burial	2/11/58	Holy Rede	emer Cem.	Balt	imore		Md.	e}
John A	Moran 3000	E.Baltimore	O MICE	EC'D BY REGISTR		STRAR'S SIGN	ATURE //	

death. Page 4

ely film by the funeral director, Pages 1 and 2 shauld be filed with

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs **AL DIRECTOR:** After this certificate has been signed by the attending physician and campletely fill hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages tran prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

TO HOSPITAL OR TO FUNE

FAMILIA nie plani	HICATE OF DEATH			
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			La Capa de Cap	
BUREAU V. S.			La Capa de Cap	

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# FOR STA

TO DEPUTY MEDIC XAMINER: This certificate should be executed within 24 hours after death. If any delay is need execute the certific, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the five all director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refired for your files.

TO FU. AL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its agreement or its agreement within 72 hours offer death.

VS. A15ME

5M 2/57

		timore	154	MARYLAND	2. USUAL RESIDENCE o. STATE Mar	(Where deceo	sed lived. If institu b. COUNT		nce before	
	and give nearest lown	ethorpe		c. LENGTH OF STAY IN 16	c. CITY OR TOWN  5/ Hal	(If outside corethorp		RURAL ond	give neor	rest town)
d	J. NAME OF HOSPIT	AL OR INSTITUTION	(If not in hos	pital, give street address)	d. STREET ADDRESS	Linde	n Ave.			ON A FARM
-	NAME OF DECEASED (Type or print)	JOSE	rst PH	Middle C •	EBERT	4. DATE OF DEATH	Monti Februa		Doy 2	Yeor 1958
5. \$	Male	6. COLOR OR RACE		DIVORCED DIVORCED	May 2,1887		9. AGE (In years lost birthday) 70 yrs.	Months (	-	UNDER 24 HI
d d	. USUAL OCCUPATION of working most of working		done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto Balto. )			12. CITI2	ZEN OF V	WHAT COUNT
13.	FATHER'S NAME		E	bert	14. MOTHER'S MAIDEN		Jnknown			
15. [Yes.	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
	18. CAUSE OF DEA PART I. DEAT 802 Conditions. If o	, (N	use per fine		rs,Mary L.			ans St		S1 L SETWEEN NO DEATH
MOIN	18. CAUSE OF DEA' PART I. DEA' Conditions. If a gave rise to immed (a), stating the cause last.	TH [Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which diate cause underlying  DUE TO	puse per fine	for (o), (b), ond (c). ]	g Injury of	Body	2024 Orle		INTERVAL ONSET A	USETWEEN IND DEATH
	18. CAUSE OF DEA' PART I. DEA' Conditions. If a gave rise to immed (a), stating the cause last.	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  TO  THE SIGNIFICANT CON  THE SIGNIFICANT CON	DESCRIBE	for (o), (b), and (c). } ensive Crushing ontributing to death but h	Injury of	<b>Body</b> MINAL DISEAS	2024 Orle		INTERVAL ONSET A	L SETWEEN NO DEATH
	18. CAUSE OF DEA  PART I. DEA1  8 0 2  Conditions. if a gave rise to imme (a), stating the cause last.  PART II. OTF	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which diate cause underlying  (c)  (ER SIGNIFICANT CON  JSE WAS NTRIBUTING   2	DESCRIBE Pedes 20d. I White	ensive Crushing  ONTRIBUTING TO DEATH BUT F  HOW INJURY OCCURRED. (I	Injury of  NOT RELATED TO THE TER	Body  MINAL DISEAS  ort 1 or Port II	E CONDITION GIV	'EN IN PART (Cour	INTERVAL ONSET A:	WAS AUTOPS: PERFORMED? (Stote Mary]
CAL CERTIFICATION	18. CAUSE OF DEA  PART I. DEA  Conditions. if a gave rise to imme (a), stating the cause last.  PART II. OTF  20a. EXTERNAL CAL PRIMARY II. or COI CAUSE OF DEATH.  20c. TIME OF INJUITED TO THE COINT OF THE COINT O	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO T	Describer 20d. I While of wo	ensive Crushing  ONTRIBUTING TO DEATH BUT F  HOW INJURY OCCURRED. (I	Injury of  NOT RELATED TO THE TERM  Enter nature of injury in Potrain  CE OF INJURY (Home, foory, street, affice bidg., etail road  ve, held an Autop	MINAL DISEAS  ort 1 or Port II  rm. 20f. (Cit)  Hal	E CONDITION GIV of item 18.) or town) ethorpe	'EN IN PART (Cour	INTEFVAL ONSET A  I (o) 19. Y YES	WAS AUTOPS: PERFORMED? (Stote
CAL CERTIFICATION	18. CAUSE OF DEAT PART I. DEAT PART I. DEAT OF DEAT PART II. OTHER PART II. OTHER PART II. OTHER PRIMARY OF COUSE OF DEATH.  20c. TIME OF INJUITED TO THE PRIMARY OF DEATH.  20c. TIME OF INJUITED TO THE PRIMARY OF DEATH.  21. I certify the opinion death opinion death	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which diote cause underlying  LER SIGNIFICANT CON TRIBUTING   2 12 2/12/589 not 1 took chorgo resulted from:	DESCRIBE Pedes 20d I While of the r	ENSIVE CRUSHING  CONTRIBUTING TO DEATH BUT IN  ENTRIBUTING TO DEATH BUT IN  ENTRIP TO THE PROPERTY OF THE PR	Injury of  NOT RELATED TO THE TERM  Inter nature of injury in Potrain  CE OF INJURY (Home, foory, street, affice bidg., etail road  ve, held an Autop	MINAL DISEAS  ort 1 or Port II  rm. 20f. (City Hall  Day, II Homicide	of item 18.)  of or town)  ethorpe  inspection (),  Undete	(Cover Ball	INTERVAL ONSET A  INTERVAL ONSET A  INTERVAL ONSET A  INTERVAL ONSET A  INTERVAL ONSET A	WAS AUTOPS: PERFORMED? (Stote Maryla
MEDICAL CERTIFICATION	18. CAUSE OF DEA  PART I. DEAI  SOCIO Conditions. if a gave rise to immed (a), stating the cause last.  PART II. OTH  20a. EXTERNAL CAL PRIMARY [] or COI CAUSE OF DEATH.  20c. TIME OF INJUI 3 ° 27 p.m.  21. I certify the opinion death  ACTUAL	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which diote cause underlying  LER SIGNIFICANT CON TRIBUTING   TY Month, Doy, Ye 2/12/589  not I took chorge resulted from: William N, 122b. DATE THERE	Described by the second	ensive Crushing  ENTRIBUTING TO DEATH BUT P  HOW INJURY OCCURRED. (I  STRIPLY OCCURRED TO PLA  NOT WHITE OF WORK TO  TE  TE  TE  TE  TOTAL  TO	Enter nature of injury in Potrain  CE OF INJURY (Home, foory, street, office bidg., etail road we, held an Autop XI. Suicide	MINAL DISEAS  ort I or Port II  rm. 20f. (Cit)  Hall  issy, II  Homicide  EXAMINER  CAL EXAMINER [	of item 18.) or town) ethorpe inspection (), Undete	(Cour Bal Inquiry	INTERVAL ONSET A.  I(o) 19. Y YES  nty) timo	WAS AUTOPS PERFORMED? NO [  Stote Maryle ond in n

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		-		AL EXAMIN	VER'S	CERTIFIC	CATE O	F DEAT		( ) Reg. Dist. N	, 0	16
1.	PLACE OF DEATH	TO.	15		YLAND	2. USUAL RESIDE	NCE (Where dece		f Institution	Residence be	fore admir	ssion)
	b. CITY OR TOWN ond give necess tow		1 ~ 1	c. LENGTH OF STA	Y IN 1b	C. CITY OR TO	WN (If outside co	prporote limits	, write RUE	RAL and give i	nearest tov	vn)
	d. NAME OF HOSPI	DUNBA.	IN (If not in	hospital, give street addr	ess)	6. STREET ADD	RESS DUN	BAR	Rd	1 1	ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	DEAR	First	ODEND Middle	EDN	Lost HONDSO M	4. DATE OF DEATH	1	Month, 2//7	15-83	Ye	ear 9
	SEX ·	6. COLOR OR R	WIDO	RRIED NEVER MARRI		Nov.12,		9. AGE (In load birthdo	yrs. Ms	UNDER TYEAR	Hours	Min.
1	during most of work lachinist	ION (Give kind of wing life, even if retin	red)	Steel	R INDUSTI	Engla	nd	country)		U.S.A		COUNTRY?
13	. FATHER'S NAME	tow Traws	~ d ~ a			14. MOTHER'S MA	bel Po	a+a]+1	2124			
	W.J. I. I WAS DECEASED E	I am Edmo VER IN U. S. ARMED I (If yes, give war or dal	FORCES?	16. SOCIAL SECURITY NO 213-07-882	0			A	Address	as #	2	
	Canditions, if gave rise to imme (a), stating the cause last.	underlying DUE	(b) (c)	ermany	Con	celus	1m			3	ET AND DEA	
CERTIFICATION				S CONTRIBUTING TO DEA						IN PART 1(o)	PERFO	
CERTIF	20g. EXTERNAL CAPRIMARY OF CO	NUSE WAS ONTRIBUTING	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (Ei	nter nature of injury	in Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.		V	Od. INJURY OCCURRED Vhile Not while t work at work	20e. PLAC facto	E OF INJURY (Homory, street, office bld	e, farm, 20f. (C g., etc.)	ity or tawn)		(County)		(Stole)
21. I certify that ) took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find death resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined cause .  ACTUAL SIGNATURE   M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER												
	EXAMINER'S NAME (Type)	JACK C	Co.	11125		DEPUTY ME	DICAL EXAMINER	DZ .		ď	2-10	9-58
22	REMOVAL (Specify	ON. 226. DATE THE	EREOF 8	Meadown		crematory B Memori		Dorses		ounty) ryland	(Stote	)
23	SUNFRAL DIRECTO	2/0//	Send	ADDRESS Dunda		7.A	REC'D BY REGI	STRAR 24b		AR'S SIGNATU		

FEB 24 1958

DECENTE

(Stote)

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3039 W. Belvedere Ave. ON A FARM? YES NO TY Yeor 26 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S. 3039 W. Belvedere Ave. ONSET AND DEATH PERFORMED? YES NO TO (County) (State) DATE SIGNED

VS A15 (4) 1SM 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARKIANO STANE DEPARTAIENE DE HEALTH-BALTIMORE, 11



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VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01586 CERTIFICATE OF DEATH 1608 Reg. Dist. No with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed a. COUNTY b. COUNTY MARYLAND Balto. Maryland Balto. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld Rockdale Life Rockdale d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Langrehr Road 3620 Langrehr Road YES NOT NAME OF First Middle Last DATE Month Day Year DECEASED OF DEATH (Type or print) Edgar A. Euler Sr. February 20 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours Male Whi te WIDOWED - DIVORCED -Dec. 25. 1893 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Painter Painting Rockdale, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Euler Mary Glanzer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Mrs. Dorothy M. Euler 3620 Langrehr Road 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā Themlosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO casse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) a. m. While Not while at work p. m. of work 21. I certify that I attended the deceased from 1922, that I last saw the deceased and that death accurred at\_\_\_\_\_ M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 0 PHYSICIAN'S Edwin L. Pierpont 8204 Liberty Road, Balto. 7. Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) BUTTER (Specify) Mt. Olive Cemetery Randallstown. Maryland 23.\* FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE FEB 2 3 '58 1630 8728 Liberty Randallstown, Maryland

HOSPITAL

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TO HOSPITAL OR A NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of	may be retained to e haspital ar attending physician.	TO FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the	page tould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 sh	
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		RTMENT OF HEALTH	-BALTIMORE, 18	
	609° CERTI	FICATE OF DEATH	R	og. Dist. No. 1587
o. COUNT Baltimore	MARY	2. USUAL RESIDENCE (WHO	ere deceased lived. If institutions b. COUNTY	
b. CITY OR TOWN (If outside carporote limits RURAL and give pegret town)  D8 L L IMOP C	c. LENGTH OF STAY	c. city or town (if o	utside corporate limits, write RURA PO	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, gi		/ d. street address 7720 Trap	pe Road	e. IS RESIDENCE ON A FARMA YES NO TE
B. NAME OF DECEASED (Type or print) EDWARD First	C. FECHTER	Lost	4. DATE OF FEBRUAL	RY 20%1958°
Man a Milata	7. MARRIED NEVER MARRI WIDOWED DIVORCE	T 10 1070	1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	Lord Balto.		or foreign country)	U. S. A.
3. FATHER'S NAME  ? Fechter		14. MOTHER'S MAIDEN N	AME	
5. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no. o(unknown) (If yes, give wor or dates of set			Address ghes-7720 Trappo	e Road Z.22
18. CAUSE OF DEATH [Enter only one couper of the couper of	ARTERIUSC.	LEROTIC HYPE	RTENSIVE (A)	INTERVAL BETWEEN ONSET AND DEATH
	DITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMI	VAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY C	CCURRED. (Enter nature of injury in P	art I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yea Hour o. m. p. m.	7 20d. INJURY OCCURRED While Not while at work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.		(County) (State)
21. I certify that I attended the	deceased from 2-	4- , 1951, ta	1-20 , 195 t,	hat I last saw the deceased

\_\_\_\_, and that death accurred at M. from the causes and an the date stated above. DATE SIGNED

(Stote)

ADDRESS (Street, city or town, stote)
DR. W. E. BAERMANN ACTUAL SIGNATURE 33 DUNDALK AVENUE PHYSICIAN'S NAME (Tyle)

**DUNDALK 22, MARYLAND** 220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 2/24/58 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

2/24/58 Burial 2/24/58 Parkwood Cemetery
23. FUNERAL DIRECTOR'S SIGNATURE
John A. Moran - 3000 E. Baltimore Street 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

CARLTON YOUR A WILLIAM ON THE STATE OF THE PARTY OF THE P The second property of the second 'EB 52 1323 Series Comercial COURT - SUCO L. Bel Clore Error; MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1611 CERTIFICATE OF DEATH Reg. Dist. No. 1589 director, with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CLTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) funerol should be RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? N YES NO NAME OF Middle DATE Month Day Year DECEASED 19.5 fille (Type or print) DEATH S. SEX 6. COLOR OB RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS R. DATE OF RIGHT Months Doys Hours Min. WIDOWED T DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10be KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, ever if refired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: CORONAICY ô Then IMMEDIATE CAUSE (0) 4-20.1 DUE TO p ETERIO SELEROTIC CARDIO VASC, DISEASE permit. Conditions, if ony, which been signed gove rise to immediate DUE TO 5 couse (o), stoting the underpuo lying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work of work p. m 21. I certify that I attended the deceased from. 1958, that I last saw the deceased P.M., fram the causes and an the date stated abave. and that death occurred at\_\_\_\_\_ ADDRESS (Street, city or town, state) ACTUAL pe 0 PHYSICIAN'S CKERBHUM. M. NAME (Type) U 220 BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN (Stofe) page REMOVAL (Spedfy) 0 PUNERAL DIRECTORS SIGNATURE 240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/5S DATE

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Md. Balto. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Balto. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS Armacost Nursing Home-612 Regester Ave. 181 Dumbarton Rd. NAME OF First 4. DATE Middle Lost Month D. FELTON DEATH (Type or print) 罩 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH DIVORCED [ Nov. female WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Pa. housewife at home puo ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 50 Patrick Sullivan Ellen Cummings remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Miss Mildred M. Griffin - 181 Dumberton Ave 343-16-2480A 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO þ Conditions, if ony, which Ē gned gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CATIO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work Jan 21. I certify that I ottended the deceased from and that death occurred at 2P. detache M, from the couses and on the date stated above. 080 ADDRESS (Street. ACTUAL 0 PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Cathedral/2Cem Removal 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1615

CERTIFICATE OF DEATH

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	A		Reg.	Dist. No.
o. COUNTY Dacto	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE	reased lived. If institutions Res b. COUNTY	idence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recorst town)	LIFE	c. CITY OR TOWN (If outside	corporate limits, write RURAL a	nd give nearest town)
d. NAME OF HOSPITAL (If not in haspitol, give stre	et address	d. STREET ADDRESS	mille	e. IS RESIDENCE ON A FARM? YES NO 2
B. NAME OF DECEASED (Type or print) / A Med	Middle 4	lost 4. D.	ATE Month FEATH	Day Yeor
	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH SOLV 9 1872	9. AGE (In years last birthday) 83 yrs.	DER TYEAR IF UNDER 24 HRS. hs Days Haurs Min.
00. USUAL OCCUPATION (Give kind of york done 10 during most of working life, even if retired)	the Mer	STRY 12. BIRTHPLACE (Stole or fore	ign country)  1/ LANA  12.	USA
JAMES FLO	wers	14. MOTHER'S MAIDEN NAME	Sing Le 10	7
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO. 17.	FUNA KLAPA	SKA FLEN	ARM RJ M
1B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).]	Fred Arte	rioscle vo si	INTERVAL BETWEEN ONSET AND DEATH
DUE TO Conditions, if any, which ) (b)	Chron	ic Recutrent	- Meleha	
gove rise to immediate cause (o), stating the <u>under-lying cause last.</u> DUE TO  (c)	Caus	e undate	+ mined	
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING 20b. D (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I o	or Port 11 of item 18.)	
Hour a.m. Whi	6-	ACE OF INJURY (Home, farm, 20f ctory, street, office bldg., etc.)	(City or town)	(Caunty) (State)
21. I certify that I attended the dece	ased from OCT	accurred of COOP.M		I last saw the deceased the three date stated above
ACTUAL SIGNATURE	Helfrath	M.D. 1303		DATE SIGNE
PHYSICIAN'S W. E.	McGrath	cato	ns ville 2	my 2/20/5
220. BURDAL CREMATION, 22b. DATE THEREOF	8 FORK ME	OR CREMATORY 22d.	OCATION (City, town, or coun	ty) (Stote)  Md
13. FUNERAL DIRECTOR'S SIGNATURE	STORESS HARTO	Rd Rd DATECED 2	0 /	SIGNATURE

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1	MARTLAND STATE DEPARTM	'S CERTIFICATE OF DEATH ()1594
FOR STATE	[0]0	Reg. Dist. No.
B E M	1. PLACE OF DEATH G. COUNTY (346 to) MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY B. (### 15-14-14-14-14-14-14-14-14-14-14-14-14-14-
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oy be vith the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (in years lagt.birthday)  Months Days Haurs Min.
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A3.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
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Give	(Yes, no, or unknown)   (If yes, give war or dates of service)	INFORMANT Address
mit.	18. CAUSE OF DEATH [Enter only one couse per line for jo), (b), and (c).]	LARA JOHNSON, 404 RATLRONDA VE.
long per ond	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	held Mensuer and Death K
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off ial-tr	Canditions, If any, which (b)	
in p o bur n, or	(e), stoting the underlying couse tost. (c)	
oending al Exar used as rematio	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
Medic Medic lid be rrial, c	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Port I or Part II of item 18.)
Chief Chief 3 short or to by	20c. TIME OF INJURY   Month, Day, Year   20d. INJURY OCCURRED   20e. Pt   While   Nat while   fo   at work   at work	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) 20f. (City ar tawn) (County) (State)
Pag Pri	21. I certify that I took charge af the remains described ab	ove, held an Autapsy . Inspection . Inquiry . and in my
cros:	opinion death resulted fram: Natural causes . Accident	, Suicide, Hamicide, Undetermined manner
T K O	SIGNATURE Mailes + Thomas	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
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o i i	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
. AISME	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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	BAlto, md.	

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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13	B. NAME OF DECEASED	Fi		MENT	Middle		Lost		4. DATE OF	-	Month		Da	γ 1	eor
	(Type or print)	DANIEL	EDWA		EELAND				DEATH	Febru			19		9
1	5. SEX	6. COLOR OR RACE	7. MARE	SIED NEVE	R MARRIED		TE OF BIRTH			9. AGE (In yellost birthdo	y) M		Days	Hours	R 24 HRS. Min.
L	Male	White	WIDOWI	ED T	DIVORCED	Feb	ruary	23,	1882		/rs.		Days	710013	min.
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		- retired		alto.	Co. Dist	te	Maryl	and					USA		
1	3. FATHER'S NAME					14.	MOTHER'S M	AIDEN N	VAME						
I	Joseph F	reeland						Unk	nown						
	S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECU	RITY NO. 17.	INFORM	MANT			,	Address				
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	200. ACCIDENT WA	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW II	VJURY OCCURR	ED. (Ent	er noture of i	njury in	Port I or Por	t II of item 1B.)					
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1	20c. TIME OF INJUI	RY Month, Doy, Ye	1	NJURY OCCU	6.		F INJURY (Ho			y ar town)		(C	ounty)		(State)
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L	PHYSICIAN'S	111/1/100 1	9 F	14456	BURY									' '	
	NAME (Type)	וויייועטן	1												
2	220. BURIAL, CREMATIC REMOVAL (Specify		)F	22c. NAME	OF CEMETERY	OR CRE	MATORY		22d. LOCA	TION (City, tow	n, or co	ounty)		(Stote	)
L	Burial	Feb. 22.	1958	Popla	r Grove	Cem	etery		Cocke	ysvill	9, N	lary	lan	d	
2	3. FUNERAL DIRECTOR		-/-	ADDRES			2		D BY REGIST		GISTR	RR'S SIG	NATUE	RE	
	John Burn	s' Sons, To	wson	, Maryl	land			AVE F	EB 2 4	'58   86'	BR	-0 /21	2000		

retained. The hospitol or ottending physician.

\*\*AL DIRECTOR: After this certificate has been signed by the ottending physician and completely fill the by the funeral director, shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with strar priar to burial, crematian, ar remayal, and in any event with a priar priar death. TO HUSPITAL OR moy be retained TO FULL RAL DIREC

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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VS A15 (4) 15M 9/55

TOTAL CERTIFICATE OF DEATH

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BUREAU V. S.

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DECENTED

# FOR STATE HEALTH DEPT.

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	000	1	5	45 6	
2	exe	4	-	ar its designated agent, priar to barial, cremation, ar removal, and in any event within 72 hours after death.	
			7		
S	. A	15	10 FU. At DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baard of		1
5	M :	2/5	7		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	•	1 C 1 P	DICA	L EXAMINER'S	S CERTIFICA	TE OF	DEATH	Reg. 1	() Dist. No	15	96
		altimore outside corporate kimits, writ	• RURAL	MARYLAND c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Vo. STATE  Maryl  c. CITY OR TOWN (H	and	b. COUNT	Bal	Ltimo	re	
	d. NAME OF HOSPIT	ase (West ! AL OR INSTITUTION ( dale Ave.		pitol, give street oddress)	H. STREET ADDRESS	(West	Twin Ri	ver)		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	William R		Middle Freeland	Lost	4. DATE OF DEATH	Month		Day		9 <b>5</b> 8
5, :	Male	6. COLOR OR RACE White	7. MARRIE		March 28,188		9. AGE (In years last birthday) 70 yrs.	Months	R 1YEAR Days	Hours	ER 24 HRS. Min.
-	USUAL OCCUPATION  Carpen  FATHER'S NAME  John Fr	ng life, even if retired)		atired	Maryland  14. Mother's Malden P  Indiana P	NAME			S.	A.	COUNTRY
		ER IN U. S. ARMED FO (If yes, give war or dates of	service)	SOCIAL SECURITY NO. 17. 11	NFORMANT Vera M Freel		Address Same				
7	Conditions, if a gove rise to imme (a), stating the cause last.	diate cause underlying DUE TO	RH	DRONARY  DEUM ATTIC	1 tems	- D	1Seas			T AND DEA	
L CERTIFICATION	200. EXTERNAL CA PRIMARY   or CO CAUSE OF DEATH.	USE WAS NTRIBUTING   20	b. DESCRIBE	E HOW INJUM DO CURRED. (E	Enter adure of injury in Par	t I or Part It (	of item 18.)	EN IN PA		PERFO	NO (2)
MEDICAL	Hour o.m.	. 19	White at wo	Not while fact	CE OF INJURY (Home, form ary, street, office bldg, etc	.)	or fown)	.(C	ounty)		(State)
		34		emoins described aborouses (Accident (		Homicide  XAMINER   TAL EXAMINER			manne		d in my
	REMOVAL ISpecify Burlal	2/19/58	)F	Mays Chapel	Cemetery	Timo	ion (City. town, onium, Ma	rylai		(Stote	•)
	James J. E		1407	Eastern Ave.	-	EB 1 9	AR 246 REGIS	TRAR'S SI	GNATUR	E	

BUREAU V. 8361 61 834 and described the state of the same

20c. TIME OF INJURY Month, Hour a.m.

20d. INJURY OCCURRED While Not while at work at work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) foctory, street, office bldg., etc.)

(County)

(Stote)

21. I certify that I attended the deceased from Viewel , 1990, ta 126. 22, 1950 that I last saw the deceased , and that death accurred at 12 30 MM, from the causes and an the date stated above.

ADDRESS (Street, city or town, state)

22d. LOCATION (City, town; or county

DATE SIGNED

(State)

ACTUAL PHYSICIAN'S NAME (Type)

220, BURIAL, CREMATION, 226. DATE, THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY OR FREMATORY

24b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR

0 VS A15 (4) 15M 9/55

O

BUREAU K. E. FEB 26 1958

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oth: Page 4

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1000

CERTIFICATE OF DEATH

01598

	103	· U	CEICIII	ICA	11 01	DEAII			Reg. 1	Dist. No	).	
PLACE OF DEATH     O. COUNTY	Baltir	nore	MARY	- 11	2. USUAL R o. STATE	Maryla		d lived. If insti b. COUN	ITY	ence before timo		ion)
b. CITY OR TOWN (If RURAL and give need	rest town)		c. LENGTH OF STAY	IN 1b	c. CITY C	R TOWN (If or	utside corpo	prote limits, writ	e RURAL one	d give ne	arest town	)
	Fullerto		20 yrs.		×	Fuller	cton					
d. NAME OF HOSPITA OR INSTITUTION					d. STREE	T ADDRESS					e. IS RES	IDENCE FARM?
-	3 E. c	Joppa	Rd.			Box 13	3 E.	Joppa Ro	1.		YES [	NO
3. NAME OF DECEASED	Fi		Middle			Lost	4. DATE OF	A	Aonth	D	oy 1	Year
(Type or print)		dwar			Gardne	er	DEATH	I	reb.	4	, 1	1958
_	6. COLOR OR RACE	7. MARR	IED D NEVER MARRIE	D 🔲 B.	DATE OF B	IRTH		9. AGE (In year lost birthda)		1	IF UNDE	
Male	White	WIDOWE		_	May 3	, 1915		42 ,	rs. Months	Days	Hours	Min.
10a. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUSTR	RY 11. BIRT	HPLACE (Stote of	or foreign c	ountry)	12. C	ITIZEN (	OF WHAT	COUNTRY
Carp	enter	(	Constructio	n	H	arford	Co. N	ld.	F1 5	U.S	.A.	
13. FATHER'S NAME					14. MOTHE	R'S MAIDEN N	AME					
Geo	rge W. Ga	ardden			C	hristin	ina F	nopp				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	(arvice)		17. INF	ORMANT			A	ddress			
No		2.	16-07-5543	Mrs.	. Ella	E. Gar	dner	Box 13	E. J.	oppa	Rd.	
PART I. DEAT	H [Enter only one con the WAS CAUSED BY: IMMEDIATE CAUSE (c	1/2	e for (o), (b), ond (c).]	il	In	last.	lor				SET AND	DEATH
Conditions, if an	DUE TO	ć	rollen	27 1	The.	melon	,		felle			
gove rise to im couse (o), stating th lying couse lost.		a	Teral	ele	not	in h	eans	of des	ease	2		
PART II. OTHE	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED	TO THE TERMIN	NAL DISEAS	E CONDITION (	GIVEN IN PA	ART 1(0)	PERFO	AUTOPSY RMED?
. 1	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter natur	e of injury in Po	ort I or Par	t II of item 18.)				
20c. TIME OF INJURY Hour o. ft. p. m.	Month, Day, Ye	ar 20d. IN While of work	Not while	20e. PLAC focto	E OF INJUR	Y (Home, farm, fice bldg., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify that	t lattended the	decease	. /	Cin	f. 19 9	-7ta 21	gar	n the cause	E,that I	last s	aw the	decease
ACTUAL	1/11	1/1	b., and mar	Q arm o	ccurrea			treet, city or tov		the do		d abave
PHYSICIAN'S NAME (Type)	YMAN K	. WC	NG-		D	6.00					jar	206
220. BURIAL, CREMATION REMOVAL (Specify) BUT121			22c. NAME OF CEME				22d. LOCA	TION (City, tow	n, or county		(Stote	:)
		.958	Belair	w emor	ial			Bela	ir, M	[d.		
23. FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS	2		24a. REC'D	BY REGIST	RAR 24b. RE	GISTRAR'S S	IGNATU	RE	

DATE

TO HOSPITAL OR AT NOING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page. The buld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. VS A15 (4) 1SM 9/55

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MAKTLANDS	HAIE DEPAKIME	INI OF HEALIH-BA	LIIMORE, 18	01599
1621	CERTIFICA	TE OF DEATH	Reg.	Dist. No.
1. PLACE OF DEATH COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Mt. Wilson, Maryland	LENGTH OF STAY IN 16	c. CITY OR TOWNAIT outside corp  BALTIMORE		id give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street od OR INSTITUTION  Mt. Wilson State Hospital		d. STREET ADDRESS 371	* STREE;	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ENERSON	RUSSELL	GARRISON OF DEAT	H FEBRUAR	Day Year 4 2/ 1958
MALE WHITE WIDOWED	DIVORCED .	SULY 4 1908	lost birthdox Mouth	
10a. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working lite, even it setired)  TRU  TRU	/\	BALTIMORE	Md 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME JOSEPH T. GARA	PISON	14. MOTHER'S MAIDEN NAME &	SHIPLEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (If yes, no. or unknown) (If yes, give wor or dates of service)	1-11-1414	FORMANT Spital Records. M	It. Wilson Sta	te Hospital
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	for (o). (b). and (c).]	TUBERCULO	1	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gove rise to immediate couse (o), stating the <u>under-lying</u> couse last.				
PART II. OTHER SIGNIFICANT CONDITIONS CO.  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINE)	NTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEA	ISE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	IBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Pa	ort II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 White of work [	Not while factor	CE OF INJURY (Home, form, 20f. (Ci pry, street, office bldg., etc.)	ity or town)	(County) (Stote)
21. I certify that I attended the deceased alive an 19 J	8, and that death	Abdress (		I last saw the deceased the date stated above DATE SIGNEE
PHYSICIAN'S William Newcomer,	M. D., Superi	ntendent		
220. BURIAL, CREMATION, 22b. DATE THEREOF 2/25/57	22c. NAME OF CEMETERY OR	CREMATORY 22d LOC	ATION (City, town, or county	y) (Stote)

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of may be retained the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and campletely filled post hould be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages the regular prior to burial, cremation, or remaval, and in any event within 72 hours ofter death. TO HOSPITAL OR VS A15 (4) 1SM 9/SS

by the funeral directar, ad 2 shauld be filed with

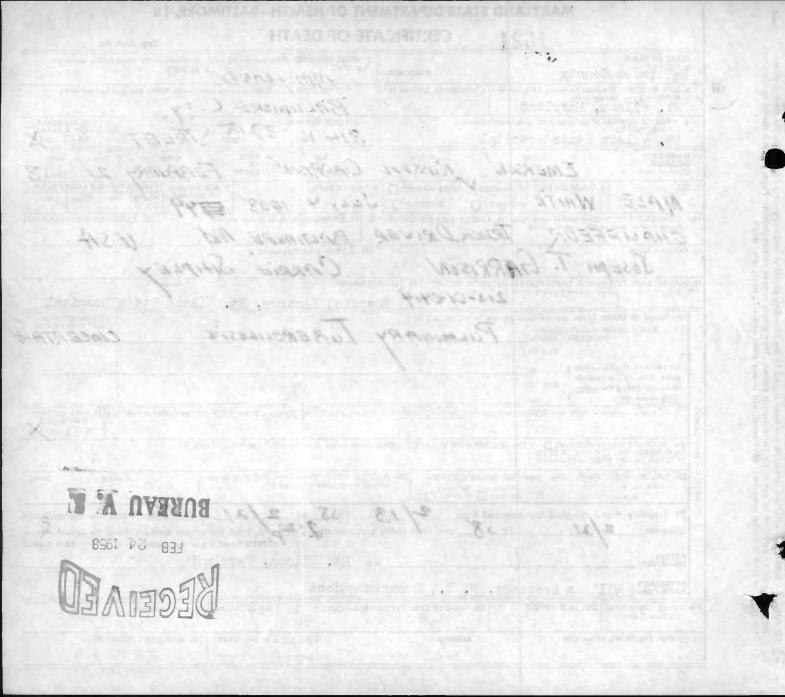
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23. FUNERAL DIRECTOR'S SIGNATURE

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TO HOSPITAL OR

VS A1S (4) 15M 9/5S

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1622

# **CERTIFICATE OF DEATH**

01600 Reg. Dist. No.

		USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
1	b. CITY OR TOWN If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	RURA) and give nearest town)	Cotonnille Wild
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS / e. IS RESIDENCE
0	OR INSTITUTION	44 Thursday Trans YES IN NOT
ŧ	3. NAME OF Pirst Middle	J. M. C.
1	DECEASED (Type or print)	OF III
ŀ	To produce the second	ATE OF BIRTH P. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS.
	The state of the s	Color loss bigthday) Months Days Haurs Min.
H	WIDOWED DIVORCED	8/20/19/1 46 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	house let le domestic	1110 26.81
	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	Millip Hedderick	Kalleline Chamedi
1	15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPOT	RMANT / Address
	The the	my A Clarvey
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).	MINTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: Carcinoma of the u	terine cervix with ONSET AND DEATH
	/7/x DUE TO Metastases to the	rectum and vulva
1	Canditians, if any, which ) (b)	
1	gave rise to immediate	
-	cause (a), stating the <u>under-</u> lying cause last.  (c)	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PERFORMED? YES NO
	T 20- ACCIDENT WAS INDERIVATED TO 200 DESCRIPT HOW BUILDING COMPANY	nter nature of injury in Part I or Part II of item 18.)
	GR CONTRIBUTING CAUSE OF DEATH    Update	
		OF INJURY (Home, form, 20f. (City or town) (County) (State)
1	Hour o. m. While Not while foctory,	OF INJURY (Home, form, 20f. (City or town) (County) (State), street, office bldg., etc.)
	21. I certify that I attended the deceased from Oct. 21 19	7,79
	alive on Feb 15,1958, 19 and that death occ	curred atM, from the causes and on the date stated above.
1	10.	ADDRESS (Street, city or town, state)  DATE SIGNED
1	SIGNATURE Collian J. Sullivan M.D.	11 E. Chase St Balte, 2, Maryland
1	PHYSICIAN'S	Feb 19,1958
	NAME (Type) William J. Sullivan M. D.	
Ī	220 BURIAL, CREMATION, 22b. DATE THEREOF. 22c. NAME OF SEMETERY OR CRI	EMATORY 22d. LOCATION (City, town, or county) (State)
	Premiar 2/20/18 Cathed	al Nalto md.
-	23. FUNERAL DIRECTOR'S SIGNATURE // ADDRESS	240. RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	mac Malt to Down	DATE DATE DE LA SO
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		Hallen Straffen		
		100		RECOLUTION OF THE PARTY OF
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BUREAU V. E.				
BOBEVO A. E.				

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ARYLAND	STATE	DEPARTME	NT OF H	IEALTH-	BAL	TIMORE,	18
MEDICA	L EX	AMINER'S	CERTII	FICATE	OF	DEATH	

		7-17		Keg, Dist. No.
	COUNTY BALLET	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE b.	If Institution: Residence before admission) COUNTY 13241
b.*e	TO OR TOWN (If outside corporate limits, write RU and give negrest fown)	c. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If oftside corporale limit	ts, write RURAL and give nearest town)
a.M.	1234 MARTELL	at in hospital, give street address)	d. STREET ADDRESS 7234 MARTELL	. IS RESIDENCE ON A FARM? YES NO NO
	ME OF First EASED ON ATHAN	Middle C.	Lost 4. DATE OF DEATH	Month Day Year (1) 2/2/58 19
S. SEX	m w. w	MARRIED   NEVER MARRIED   B.	Date Of BIRTH  Det 29, 1404  9. AGE (In the latest of the	HUNDER 1YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. US durin	SUAL OCCUPATION (Give kind of work dan negmont of working life, even if retired) PAPER HANGEK	10b. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	THER'S NAME	er 171 2 h	14. MOTHER'S MAIDEN NAME Amelia Knodel	
15. W/	AS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of servi	S? 16. SOCIAL SECURITY NO. 17. IA	FORMANT	Address 908 Kervon Ave
18.	PART 1. DEATH (Enter only one cause part 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO		O celusini	INTERVAL BETWEEN ONSET AND DEATH
80	onditions, if ony, which over rise to immediate cause only, stating the underlying outside to the course last.			
CERTIFICATION		Line &	OT RELATED TO THE TERMINAL DISEASE CONDITI	PERFORMEDA YES NO
	Z. EXTERNAL CAUSE WAS  IMARY Or CONTRIBUTING O  LUSE OF DEATH.	ESCUBE HOW INJURY OCCURRED. (E.	nter noture of injury in Part I or Part II of item 18.	)
MEDICAL 200	C. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	While Nat while at work at work	E OF INJURY (Home, form, ry, street, office bldg., etc.)	(County) (Stote)
de	ctual GNATURE	PT /	ide, Homicide, Undetermi 	ined cause .
	(AMINER'S MB DA	vis MD	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7/3/58=
RE	JRIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR I	PRK BALTO	town, or cautity), (State)
23. FUN	NERAL DIRECTOR'S SIGNATURE	INC. BALTOSA	240. REC'D BY REGISTRAR 24	D. REGISTRAR'S SIGNATURE

ST SHOPPING THE HEATTH - DAILER OF THE STATE HIASU HO STADRITHED STREET ASSUMENT EB ₹ 1868

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ed in	7911	MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1161)2
shauld cremat	· .	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  Balla.  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  Balla.
Page burial,	(M	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  Balto. 7  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Balto. 7  Balto. 7  Westlawn
irectar. es. priar ta	00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  2000 Hayor Terrace  2000 Hayor Terrace  2000 Hayor Terrace  NO RESIDENCE NO RESIDEN
y y y sistrar		3. NAME OF DECEASED (Type or print) USEPH ANTHONY GERMAN, DEATH FLE. 5 1958
a the fund far		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In yours lost birthday) Months Days Hours Min. WIDOWED DIVORCED DAN 26, 1892 G. Wrs.
and 3 to retain		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Machine manhaction — making talves Balti. Ind
s 1, 2, 5 may b ges 1 ar		13. FATHER'S NAME  TOHN. GERMACIS  KATHERINE KEHL
re Page Page File page		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) (If yes, give wor or dolles of service) 2/2-07-5802A Edwar. Lurmach-2000 Thayer I
Ta P.M.3.	1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
in Item	1	Canditions, If any, which) (b) Generalized arterioselerosis.
pencil alang burial		gave rise to immediate cause (a), stating the underlying couse lost.  DUE TO
Office office ed as a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES  NO  NO
d 'pend aminer's Id be us		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
the war lical Exc 3 shau		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Not while of work of
writing lief Med		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find the death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined cause
o the Ch		ACTUAL D, D. Caples M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
ded to	2	ASSISTANT MEDICAL EXAMINER \( \)  EXAMINER'S \( \text{Type} \)  NAME (Type) \( \text{Type} \)  TO A P L F S  DEPUTY MEDICAL EXAMINER \( \text{Z} \)
forw for re		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)  REMOVAL (Specify)  BURIAL 2/8/58  LORRA IN E  WOODLAWN, or county) (State)
S. A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  JOHN T. STANSBURY  RALTO 7 M. DOATE
	1	

EEB 4 1328

BUREAU Y. S.

01603 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) I direc a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) should be RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO puo NAME OF First 4. DATE Middle Last Day Month Year DECEASED OF (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days Hours DIVORCED T WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a)./(b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1 DUE TO à permit. any Conditions, if ony, which gned gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) SO MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour a.m. Nat while p. m at work at work 21. I certify that A attended the deceased from 20, that I last saw the deceased detoched and that death accurred at 4000 olive on AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL P Joor PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S/SIGNATURE VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

BUREAU V. S.

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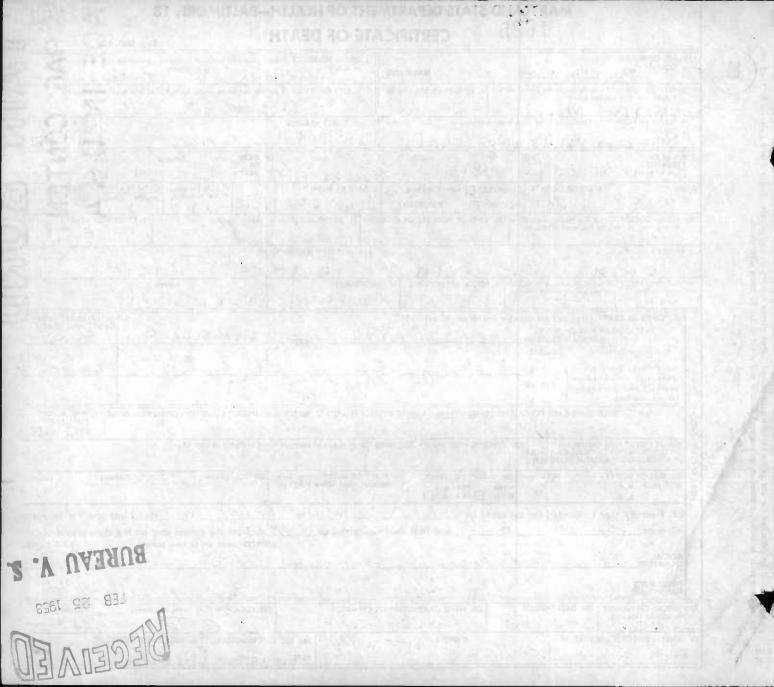
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VG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of: Soth: Page 4 spitol ar attending physician.	ter this certificate has been signed by the attending physicion and completely fille by the funeral director, I for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	, cremotion, or removol, and in any event within 72 hours after death.

VS A15 (4) 1SM 10/57

		CERTIFICATE	JI DEATH	Reg. Dist.	No.
)	1. PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND 2. USUA 0. ST	AL RESIDENCE (Where deceased live	d. If institution: Residence b. COUNTY	before admission)
		NGTH OF STAY IN 16 c. CI	TY OR TOWN (If outside corporate:	limits, write RURAL and give	
	d. NAME OF HOSPITAL (If not in hospital, give street oddres NOSCULOR Stat Trauning		13 Chelsa Te	rrace	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MERYL LUCIEN B	LAIR GOLD	Lost 4. DATE OF DEATH	Month February	Doy Yeor 17 1958
	male white WIDOWED	DIVORCED JUN	e 28, 1931	26 yrs. Months Do	YEAR IF UNDER 24 HRS
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. E	BIRTHPLACE (State or foreign country land	12. CITIZE	S. A.
	13. FATHER'S NAME  JULIA'S GOLDE	3ERG 14. MO	ROSALIE	DUBIA	/
		L SECURITY NO. 17. INFORMAN	WT D D	ad Salurl	
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	o). (b). and (c).] Pnew.	monia_bro	ncheal	INTERVAL BETWEEN ONSET AND DEATH
)	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  DUE TO  (b)  DUE TO	al nutvi pe	oi , Delyde	ateori	Chronie.
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING TO CAUSE OF DEATH	IOW INJURY OCCURRED. (Enter n	oture of injury in Part I or Part II of	item 18.)	
	ZOC. TIME OF INJURY Month, Doy, Year 20d. INJURY While of work 0	lot while toctory, stree	JURY (Home, form, 20f. (City or to	own) (Cou	nly) (State
	21. I certify that I attended the deceased from alive on 100 100 100 100 100 100 100 100 100 10		957, to Feb 1 ed at SilsAM, from th	$\overline{Z}$ , 19.5 $\overline{Z}$ , that I last e causes and an the	it saw the decease date stated above
	ACTUAL SIGNATURE Cline Beil 1 Le	uns mus	Roseword O	Tr. Schot	1 2/17/08
	PHYSICIAN'S Olive Reid	Harris,1	n.D. Ou	ving Mill	o Md.
	GREMOVAL (Specific 2-23-58	NAME OF CEMETERY OR CREMAT	ORY 22d. LOCATION	(City, Rwn, or county)	Mistore
1	23. FUNERAL DIRECTOR'S SIGNATURE  LICK LEVOIS DUE 2000	DODRES Utaw &	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNA	TURE



#### **CERTIFICATE OF DEATH**

01605

		- ()	J.	U	13
-	Diet	No			

1. PLACE OF DEATH o. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (WI	b. 0	COUNTY _	sidence before	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a		, write RURAL		
d. NAME OF HOSPITAL (If not in hospital, give street of the street of th	oddress)	d. STREET ADDRESS	) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		·	ON A FARM
3. NAME OF DECEASED (Type or print) Frank	Henry Middle	Good, Jr.	4. DATE OF FE	bruar	y 20°,	1958
5. Male 6. COLOR OR RACE White Widows		B. DATE OF BIRTH	9. AGE ( lost bi 59	In years IF UN rihdoy) Mon yrs.		Hours Min
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Service Corsp.	kind of Business or Induesting bouse	JSTRY 11. BIRTHPLACE (Stote Penn.	or foreign country)	12	U.S.	WHAT COUN
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
Frank H. Good, Sr.		Emily Ar	rmstrong	304		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 19 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
yes World War I 16	61-03-5877 I	Evelyn C. Go	ood 4	809 C	armel!	la Dr.
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  (b) DUE TO (c)	Myo card Atheros	sclerosis				at and death
PART II. OTHER SIGNIFICANT CONDITIONS C					1 PART 1(o) 19	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Port I or Part II of iter	n 1B.)		
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work	_ Not while fo	LACE OF INJURY (Home, form octory, street, office bldg., etc.	n, 20f. (City or town)		(County)	(Sto
21. I certify that I attended the decease alive an Feb. 20 th., 195  ACTUAL SIGNATURE SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE FLORING GEORGE H. F.	Huskey M	1958, ta Fe h accurred at 645	P.M. fram the co ADDRESS (Street, city Wilken Balto	auses and c	on the date	the decede stated about the state of the sta
220. BURIAL, CREMATION, REMOVAL (Specify)  Reb. 24 195	22c NAME OF CEMETERY C	or Crematory	Upper Da		Penn.	(Stote)
23 UNERAL DIRECTOR'S SIGNATURE	107 Wilkens		D BY REGISTRAR 2	4b. REGISTRAR	'S SIGNATURE	1

eath: Page 4

may be retained by the haspital or attending physician.

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely fills. by the funeral director, page hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in apy event within 72 hours after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 2.

VS A15 (4) 1SM 10/57

#### CELUIPOATE OF DEATH

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a t v read	Corsp	named and easil	Penn.	
ners	E. Osau, 3r		Heoriams/ Although	

BUREAU V. E.

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	MAKTI		STATE DEPA	AKIM	ENI OF HEALIF	1-BAL	IIMOKE, I	8	02	894
	162	7	CERT	IFIC/	ATE OF DEATH	1		Reg. Dist.		X
1. PLACE OF DEATH O. COUNTY Baltimos	re		MAR	YLAND	2. USUAL RESIDENCE (WHO o. STATE Marylar	nere deceose	d lived. If institution b. COUNTY			nission)
b. CITY OR TOWN ( RUPAL ond give no	If outside corporate limi earest town) Tard	ts, write	42 Days	Y IN 1b	e. city or town (if a Baltimo			URAL ond giv		own) /
OR INSTITUTION	TAL (If not in hospitol, gans Adminis			al	d. STREET ADDRESS 2844 Pe	elham			e. IS I	RESIDENCE NA FARM?
3. NAME OF DECEASED (Type or print)	WILLIAM		Middle L.	•	GREEN tost	4. DATE OF DEATH	Februar		28	Yeor 1958
5. SEX Male	6. COLOR OR RACE White	7. MARR	ED DIVORCE		B. DATE OF BIRTH  January 6, 3	1895	9. AGE (In years last birthday) 63 yrs.		YEAR IF UN	NDER 24 HRS.
during most of wor	ON (Give kind of work king life, even if retired		KIND OF BUSINESS	OR INDU	Baltimore	, Mary			S.	A.
Ephriam					14. MOTHER'S MAIDEN N Mary Schet					
15. WAS DECEASED EVE (Yes, no or unknown) Yes	R IN U. S. ARMED FOR (If yes, give wor or dates of s WW I	CES? 16. ervice)	SOCIAL SECURITY NO		NFORMANT in.Records,Ve	t.Adm.	Add. Hospital		ward,	Md.
PART I. DEA  // 2 . /  Conditions, if o gove rise to i cause (o), stoting lying cause lost.	mmediate (	BRO	NCHOGENIC	CARC	INOMA OF LEFT O RIGHT LUNG,			AND		ND DEATH
CATIC					NOT RELATED TO THE TERMI			EN IN PART 1	PER	AS AUTOPSY REORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Ye	20d. It	NJURY OCCURRED  Not while  k at wark	20e. PL	ACE OF INJURY (Home, farm tory, street, office bldg., etc	, 20f. (Cit)	y or tawn)	(Co	unty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S	Qui le			t death	7, 19_58, to Fe occurred at 11:0	5 M, from	m the causes a treet, city or town,	nd on the	date st	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial		سنستت صفع	D. VAH. F. 22c. NAME OF CEN				tion (City, town, o Baltimor	e, Mar		itate)
23. FUNERAL DIRECTOR		OO H	ADDRESS		24a. REC'	D BY REGIST	TRAR 246 REGIS	TRAR'S SIGN	1	

Wm. Cook-Blight, Inc., 6009 Harford Bd. Balto, 14, Ma

eath. Page 4 the ottending physician and completely fill they by the funeral director. Then please remove carbon popers. Pages I and 2 shauld be filed with ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be retoined where hospital ar ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fills hould be detoched for use as the buriof-transit permit. Then please remove carbon pape tran priar ta buriol, cremation, or removal, and in any event within 72 hours after death. he hospital ar attending physician. TO HOSPITAL OR

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		10	45	CERTIFIC	AIE OF L	EAIN		Reg. Di	st. No.	1000
1	PLACE OF DEATH				2. USUAL RESID	DENCE (Where d		If institution, Resider		
L	B	altimore.		MARYLAND	d. state	M4.		Ba COUNTY	Itio	4070
	b. CITY OR TOWN ( RURAL ond give n	If outside corporate limearest town)	nits, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside	corporote lin	nits, write RURAL and	give neares	st town)
	Rur	al Towso			135-10	WSO	24,			
1	d. NAME OF HOSPIT	AL (If not in haspital, EUDONO		ddress)	d. STREET A	DDRESS +	- 1	20	0.	IS RESIDENCE ON A FARM?
		10NSON		d	1024	MAIN	JON	14		TES NO
3	NAME OF DECEASED	G5 - F	irst	Middle	lost		DATE	Month	Day	Year 58
-	(Type or print)	FAWAY	9			- Y 100	DEATH	2	12	190/40
5	. SEX	6. COLOR OF RACE		D NEVER MARRIED	B. DATE OF BIRTH	100	T PUAG	(In years IF UNDER	-	UNDER 24 HRS.
-	On LISUAL OCCUPATION	TV	WIDOWED		415	1 N/4	YIPI	<b>У</b> Ч/ угз.		
ľ	during most of war	king life, even if retired	done lub. K	IND OF BUSINESS OR INDL	SIRY IL BIRTHIL	ACE (Stote or for	reign country)	Ø 12. CI	IZEN OF	WHAT COUNTRY?
-	3. FATHER'S DAME	man		1 67 1000	14 MOTHER'S	MAIDEN NAME	- 4	49.	0	2
1	Padie	ard (	J.S.	MO-S.	Cath	10 Sign	MI	· Part	60	
	S. WAS DECEASED EVE			OCIAL SECURITY NO. 17.	INFORMANT TO	erson	al His	Ton Address	16	2
1	Yes no. or unknown)	(If yes, give wor or dates of	service]	7-14-60904	as putal	PORAWI	I E	dowood	Se nat	prince
F	18. CAUSE OF DEA	ATH [Enter only one c	ouse per line	for (o), (b), and (c).]	. I	LESSOT 4	\$ /~	A O WOOD -		AND DEATH
	PART I. DEA	TH WAS CAUSED BY:	Co	tonayy	Heart	BUS	ears	2	ONSET	AND DEATH
ı	1120.1	DUE TO		1	1			,	1.0	0
	Conditions, if o	ny, which	1 At	terios 01	e8051	S ( 50	nes	ali	Ill	uke
ı	gove rise to i couse (o), stating		0			,				
ı	lying couse last.		c)							
2	PART H. OTI	HER SIGNIFICANT CON	VIDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL I	DISEASE CON	DITION GIVEN IN PAR	1 1(0) 19.	WAS AUTOPSY PERFORMED?
13	MAX Eu	monzo	54 In	percules	15 211	WYac	epl.	HETY Kt		ES NO
CEDTIE	20a. ACCIDENT WA	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	26b. DESCR	RIBE HOW INJURY OCCURR	ED. (Enter nature of	Finjury in Port I	or Port II of i	tem 18		
100										
12	20c. TIME OF INJUR	Y Manth, Day, Ye	while	Not while 20e. Pl	LACE OF INJURY (Factory, street, office	dame, form, 20 bldg., etc.)	f. (City or tav	vn) (	County)	(State)
MEN	p. m.	19	at work			1	1	de		
Г	21. I certify th	nat I attended the	deceased	18rpm 4/2	19.24	10 4	13	, 19 2 0, that I	last saw	the deceased
L	alive on	2713	19 2	D, and that death	h occurred at	2 20 DW	, fram the	couses and an t	he date	stated above.
ı	ACTUAL /	th	1.	11-			1 <	ity or lown, stole)		DATE SIGNED
ŀ	SIGNATURE	wan	V.	wary,	M.D. = 40	LOWOL	od c	DANATOR	-IUM	
	PHYSICIAN'S NAME (Type)	ENNET	TA	STOFN	Tou	's on	4,	md.		
2	20. BURIAL, CREMATIC	N, 22b. DATE THERE	OF	22c. NAME OF CEMETERY C	OR CREMATORY	22d.	LOCATION (	City, tawn, or county)		(Stole)
L	REMOVAL (Specify) Burial	Feb. 14,1	958	Grove Cemete	ery	P	reston	, Caroline	Co.,	Maryland
23	3. FUNERAL DIRECTOR			ADDRESS		24a. REC'D BY	REGISTRAR	24b. REGISTRAR'S SI	GNATURE	
	John Burns	' Sons, To	wson,	Maryland		DATE FEB 1	8 '58	1000		

TO HOSPITAL OR ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a reath. Page 4 may be retained by the haspital or attending physician.

TO FUNESAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill by the funeral director, page hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 7? hours after death. VS A15 (4) 15M 9/55

BUREAU V. S.

FEB 18 1958

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After this certificate has been signed by the attending physician and completely fille

NDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours of HOSPITAL OR A NIDING PHYSICIAN: The law requires that the death certificate be executed within 2 by be retained by a hospital or attending physicion.

\*\*UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by a build be detached for use as the burial-transit permit. Then please remove carban papers. Pages a registrar prior to burial, cremation, or removal, and in any event \*\*\* Thinh \( \frac{2}{3}\) hours after death.

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1. PLACE OF DEATH g. COUNTY	Baltimore		MARYL		a. STATE Md		sed lived. If institution b. COUN		timore
RURAL and give	(If autside carporate lim nearest tawn) S M1113	its, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN	(If outside cor		RURAL and giv	ve nearest tawn)
	TTAL (If not in haspital,				d. STREET ADDRES	s brook	Lane		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ella			roe	sèl	4. DATE OF DEAT		onth 10,195	Day Year 8 19
Female	White	WIDOWE			ar.15,18		9. AGE (In year low girthday	) Months D	YEAR IF UNDER 24 HRS. Days Hours Min.
during mast at wa	ION (Give kind of work prking life, even if retired OUSEWIFE	dane 10b.	KIND OF BUSINESS OR	INDUSTR		otate ar fareign	country)		EN OF WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAID				
Phi	lip Weber				Mary	Deitz			
1S. WAS DECEASED EV (Yes, no. or unknown) NO	/ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	social security no.		ormant thur H.B	randt,		Mills	,Md.
Canditians, if gave rise to cause (a), stating tying cause last	any, which (bimmediate)  g the <u>under:</u> (c)	)	terioscle						INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
5 260 X	THER SIGNIFICANT CON Diabetes							GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO X
	VAS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINED	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature af injur	y in Part I ar P	art II of item 18.)		
Y 20c. TIME OF INJU Hour a. m.		20d. IN While at worl	Not while not	n e <sup>focto</sup>	E OF INJURY (Hame, ry, street, affice bldg.	etc.) n	one		unty) (State)
actual signature		., 12 apr	, and that o	leath o	ccurred at 3:  Reiste	ADDRESS	om the causes (Street, city or tow	and an the	st saw the deceased date stated above.  DATE SIGNED  2-10-5
22g. BURIAL, CREMATI REMOVAL (Specific Burial	ON, 22b. DATE THEREC	)F	22c. NAME OF CEMET		REMATORY	22d. LOC	ATION (City, town		(State)
3. FUNERAL DIRECTO J.F.Elin			ADDRESS		240.1		STRAR 24b. REG	SISTRAR'S SIGN	IATURE

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		5					Keg. Dist. I	10.
1. PLACE OF DEATH		UTI		2. USUAL RES	IDENCE (Where dece			refore admission)
	Raltimore		MARYLA	ND STATE	20 5	b. COUNT		
b. CITY OR TOWN (I	If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b c. CITY OR	TOWN (If outside co	rporole limits, write	RURAL ond give	near esi Town)
Lanado	wne		- Su - / 4 S	15/	T			
	TAL OR INSTITUTION (IF	not in hosp	pital, give street address)	d. STREET	Looressansdow	ne		e. IS RESIDENCE ON A FARM?
2924	Charleston	Ave.		20	24 Oharles	ton Arra		YES NO
3. NAME OF DECEASED (Type or print)	Robert M.		Middle	Los	4. DATE OF DEATH	Mont	h Do	y Yehr
5. SEX M	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIED			9. AGE (In years fast birthday)	Months Doys	R IF UNDER 24 HRS. Hours Min.
IOo. USUAL OCCUPATION		-	IND OF BUSINESS OR IN		ACE (State or foreign	00	12. CITIZEN	OF WHAT COUNTRY
Carpe	nter			77-	irginia		7.7	0 1
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME		U	•S • A
	? Groves				ıknown			
15. WAS DECEASED EV (Yes, no. er unknown)	/ER IN U. S. ARMED FOR [If yes, give wor or dates of se		SOCIAL SECURITY NO.	Geneva M.	Coats, 19	58 Franci	s Ave	
Conditions, if o gave rise to imme (a), stating the cause lost.	ony, which (b) (b) underlying DUE TO (c).	Corc	onary Thromb	lar diseas			ON	EEVAL BETWEEN SET AND DEATH
PART II. OTH	HER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PART II, OTH	NTRIBUTING	DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of in	jury in Port I or Port I	l of item 18.)		**
20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Doy, Year	20d. It While of wor	Not while	PLACE OF INJURY (Foctory, street, office	dome, form, 20f. (Cit bldg., etc.)	ly or town)	(County)	(Stote)
opinion death  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  220. BURIAL, CREMATIC	resulted fram: N	latural co	emains described of auses	M.D. CHIEF M ASSISTAL DEPUTY	E, Hamicide  MEDICAL EXAMINER E  NT MEDICAL EXAMINER  MEDICAL EXAMINER	] ER []	Inquiry Dermined mann	DATE SIGNED
REMOV <b>BUT</b>			Loudon Pa	ırk	E	Baltimor	e	
Howard H	Hubbard 1	1107	Wilkens A	ve	FFB 1 4 '58	1000	esuel	JRE

MARTIANO STATE DEPARTMENT OF READY SATUROUS
INFOIGAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. S.

FEB I 4 1800



Durisl 2-13-58 Loudon Park Howard E. Husbard 4107 Wilkens Ave

# Seath. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill they the funeral director, page thould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the resistrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ne haspital ar attending physician. TO HOSPITAL OR

VS A15 (4) 15M 9/55 M

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1630 CERTIFICATE OF DEATH

OR INSTITUTION ON	RESIDENCE A A FARM? NO  Year 19  White 24 Hrs. rs Min. NAT COUNTRY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  B. H.S. E.S. E.S. C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  B. H.S. E.S. E.S. E.S. C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  B. H.S. E.S. E.S. E.S. E.S. E.S. E.S. E.S	RESIDENCE NA FARM? NO  Year 19  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO
RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS  e. IS R ON ON YES  3. NAME OF DECEASED (Type or print)  f. F. Mank A. A. E.  G. COLOR OR RACE  WIDOWED  DIVORCED  DIVORCED  SEPT. 1 - 90  G. STREET ADDRESS  WIDOWED  DIVORCED  SEPT. 1 - 90  G. STREET ADDRESS  Month  Day Month	RESIDENCE NA FARM? NO  Year 19  NO  NO  NO  NO  NO  NO  NO  NO  NO  NO
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  3. NAME OF  DECASED  (Type or print)  5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   7. MARRIED   NEVER MARRIED   SETTING   NEVER MARRIED   SET	Year 19 5 ( NDER 24 HRS. rs Min.  MAT COUNTR
OR INSTITUTION  3. NAME OF DECEASED (Type or print)  (Typ	Year 19 5 ( NDER 24 HRS. rs Min.  MAT COUNTR
3. NAME OF DECEASED (Type or print)  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  100. USUAL OCCUPATION (Give kind of work dane)  101. SUAL OCCUPATION (Give kind of work dane)  102. CITIZEN OF WHO  103. FATHER'S NAME  104. MOTHER'S MAIDEN NAME  105. WAS DECEASED EVER IN U. S. ARMED FORCES?  106. COLOR OR RACE  107. MARRIED NEVER MARRIED  108. DATE OF BIRTH  109. AGE (In years lef UNDER 1 YEAR) IF UNDER 1 YEAR IF	Year 19 CONDER 24 HRS. rs Min. IAT COUNTR
Color or Race   The property   Color of Race   Color of Race   The property   Color of Race	19 S ( NDER 24 HRS, rs Min. NAT COUNTR
(Type or print)  6. COLOR OR RACE  7. MARRIED NEVER MARRIED S. DATE OF BIRTH  MALE  WIDOWED  DIVORCED  DIVORCED  SET. 1-1906  9. AGE (In years last birthday)  Windowsh Days Hour  Windowsh Days Hour  JEST HOLABIRD  10. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State ar foreign cauntry)  12. CITIZEN OF WHAT HOLABIRD  Address  14. MOTHER'S MAIDEN NAME  15. SEX  16. COLOR OR RACE  17. MARRIED NEVER MARRIED  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  NEVER MARRIED NEVER MARRIED  17. INTERNAL  ONSET AN  ONSET AN  INTERNAL  ONSET AN  INTERNAL  ONSET AN  INTERNAL  ONSET AN	NDER 24 HRS. rs Min.  MAT COUNTR
MALE WHITE WIDOWED DIVORCED SEPT. 1-1906 Solid birthdoy) Months Days Hour Dou. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) FORT HOLABIRD SCOTLAND  3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTOCIC CORY CINDAMA  10 Instruction of Months Days Hour during property of the social security in	rs Min.
Oa. USUAL OCCUPATION (Give kind of work dane)  Ob. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHATER OF THE COLOR OF	AT COUNTR
during most of warking life, even if retired)  EXECTRICIAN  3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	, IË
3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTOTIC CAYCINDMA  [INTERVAL ONSET AN	
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no. or unknown)  18. CAUSE OF DEATH [Enter anly ane cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  14. MOTHER'S MAIDEN NAME  17. INFORMANT  Address  ABOU  INTERVAL  ONSET AN	
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown)  (If yes, give wor or dotes of service)  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  METASTOTIC CAYCINDMA  [INTERVAL ONSET AN	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (Yes, no, or unknown) (If yes, give war or dates of service) 2/4-61-4929 MARIE GRUND (WIFE)  ABOV  18. CAUSE OF DEATH [Enter anly ane cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTOTIC CAYCINOMA  ONSET AN	
(Yes, no, or unknown)  (If yes, give war or dates of service)  214-61-4929 MARIE GRUND (WIFE)  ABOU  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  METASTOTIC CAYCINOMA  ONSET AN	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  NETOSTO COYCINOMA  ONSET AN	
PART I. DEATH WAS CAUSED BY: METASTOTIC CArcinoma ONSET AN	BETHEER
IMMEDIATE CAUSE (0) METASTOLIC CAYCINOMA	ND DEATH
141, 9 DIE TO	
Conditions, if any, which) (b) Carcinoma Tonque =	
gave rise to immediate DUS TO	
lying cause last.	
	AS AUTOPSY
PERI YES!	NO A
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	n was
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA PERI YES [  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Haur a. m. While Not white factory, street, office bldg., etc.)!	(State)
p. m. 19 at wark ot wark	
21. I certify that I attended the deceased from 15 april 1957, to 23 Feb 1958, that I last saw th	ne deceose
alive on 33 Feb	
	DATE SIGNI
SIGNATURE M.D. TIME A KARGUS	
PHYSICIAN'S WIM A KARRYS MD. 815 Zastery AJE BO.	TT- 2
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (SI	tote) Do
BURIAL 2127158 SACRED HEART BALTO	10
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	N/
11 110 11 410 8 + 101	
Bulla, 21- Ind.	

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DECELVES 1958
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		R	eg. Dist.		011
e deceased	lived.	If institution:	Residence	before	odmission

	163	31	CERTI	FICA	ATE OF DEATH	1		Reg. Dist. No	1010
1. PLACE OF DEA' o. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE (WAS O. STATE Marylar		lived. If institution b. COUNT'BE	n: Residence bef	ore admission)
RURAL ond g	WN (If outside corporate limi live nearest town)  t. Howard.	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF C		ote limits, write RU	RAL and give no	earest town)
OR INSTITUT	OSPITAL (If not in hospital, grid) TON Chestnut Ave.	give street	oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	A Inna	st	Middle (	Gunt	lost her	4. DATE OF DEATH	Feb.	_	77 19 58
5. SEX	6. COLOR OR RACE	7. MARK	RIED NEVER MARRIE		June 13, 188		P. AGE (In years lost birthdoy) 72 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCU during most of at hor 13. FATHER'S NAM		done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Store Mary)	Land	untry)		OF WHAT COUNTRY
	r Schultz				Unkno				
(Yes, no, or unknown)	D EVER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		ames E. Guntl	ner	Ft. Howa:		
	F DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	-	1	00%	na of 1	Panc	reas	ION.	TERVAL BETWEEN ISET AND DEATH
gove rise	if ony, which to immediate oring the under-	)	C /	Ne	etasto	25.6	5		
lying couse			ONTRIBUTING TO DEA	ATH RUT	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION CIVE	NI INI DART 1/a)	19 WAS AUTOPSY
ICATI	arterio	50/0	rotic C	Q10	liovoscular	· D1:	3005P	IN IIN PAKT I(O)	PERFORMED?
	IT WAS UNDERLYING  ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DE\$	CRIBE HOW INJURY OF	CCURRED	. (Enter noture of injury in	Port I or Port	II of item 18.)		
20c. TIME OF I		While	Not while to work	20e. PLA foct	CE OF INJURY (Home, farm tory, street, office bldg., etc	20f. (City (	or town)	(County	) (State)
	y that I attended the	deceas		4-1	19.53, ta	Feb.			saw the deceased
alive an ACTUAL SIGNATURE	David	(B)	eveno	death	accurred at <u>6 F</u>		the causes are et, city or town, st LLLT		DATE SIGNED

PHYSICIAN'S 220. BURIAL, CREMATION, REMOVAL (Specify) DULY 8 1 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

22d. LOCATION (City, town, or county) Balto. Co. Md.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ullrich Funeral Homes, Dundalk, Md.

Feb. 10, 1958

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE 1 3 158

TO FUNER VS A15 (4) 15M 9/55

eath. Page 4

NDING PHYSICIAN: The low requires that the death certificate be executed within 24

by the funeral direction of and 2 should be filed

the ottending physicion and completely

After this certificate has been signed by

prior to buriol, cremotian, or removal, and auld be detoched far use as the buriol-tronsit

the reg

Bod

Then please remove carbon papers.

permit. Then please remove carbon pap in any event within 72 hours ofter death

1632 CERTIFICATE OF DEATH

01611

1000	Reg, Dist. No,
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE Where deceased lived. If institution, Residence before admission) STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Particles texted Rural 30 yru	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF/HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JACOB - F - H	ALE DATE OF Month Day Year DEATH OF HEAD 4 1258
S. SEX  M  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  10 1 30-1865-  9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.)  11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10a. USUAL OCCUPATION (Give kind of work done during not of working life, even if retired)  Harmed  Harmed	USTRY IT BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WS A
Bruchariah Hale	14. MOTHER'S MAIDEN, NAME Have
15, WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (1795. give wor or dates of service)	reston Hale- Hampstead Med
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  3344  DUE TO	Orteris Ichnos Interval Between ONSET AND DEATH 5 mg.
Conditions, if any, which gove rise to immediate codse (o), stating the <u>under-lying cause last.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from MV alive on 1958, and that death	h occurred at ADDRESS (Street, gity or town, state)  DATE SIGNED
SIGNATURE M. C. Sortin Feirl	MD. Horyslund, my 2-5-58
PHYSICIAN'S M.C.P rterfield, M.D.	Hampstead, Md.
220. BURIAL, CREMATION, 1216. DATE THEREOF 22c. NAME OF CEMETERY CONTROL OF C	OR CREMATORY 22d. LOCATION (City, town, or couply) (Stote)
23. EUNIFERAL DIRECTOR'S SIGNATURE Gele Stipton-Hampster	and Mid DATE DATE 245 REGISTRAR'S SIGNATURE

Ith. Page 4

y the funeral director, 2 should be filed with

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TO HOSPITAL OR AT SOING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3. Ald be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 the regist or prior to burial, cremation, ar removal, and in any event within 72 haurs offer-death.

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VS A1S (4) 1SM 9/SS

CERTIFICATE OF DEATH

BUREAU V. S.

**EEB** IO .688

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1633

**CERTIFICATE OF DEATH** 

01612

Reg. Dist. No.

	COUNTY Ba	ltimore	LES	MARYL	AND	2. USUAL RESIDE	ence (Where de		f. If institution b. COUNTY	on: Residenc	e before oc	Imission)
b.	CITY OR TOWN (IF RURAL ond give ne Catons		ts, write	36yr8mths2			OWN (If outside		mits, write R	URAL ond g	ive nearest	town)
		AL (If not in hospital, g			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d. STREET AD			3	YOL-	0	RESIDENCE ON A FARM?
DE	AME OF ECEASED ype or print)	Fii Salli		Middle		lost Hall	4. D	ATE OF DEATH	Mon Fe	<sup>m</sup> bruary	Day	Yeor 19 58
5. SE	female	white	WIDOW			July 24		68	GE (In years it birthday) yrs.	IF UNDER	YEAR IF U	INDER 24 HRS.
	none	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLA Mary		eign country			S. A.	HAT COUNTRY
13. FA	ATHER'S NAME					14. MOTHER'S A						
15 14		hby N. Hal		SOCIAL SECURITY NO.	1.7		en N. B	oyle				
(Yes, n	no. or unknown)	If yes, give war or dates of s	ervice)	Unknown	-	ecords:	SPRING	GROVE	STA		OSPITA	AL
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  TO, which of the under-  DUE TO	, Ce	ne for (0), (b), and (c).] reprol Ves theresale	ero	lar A	ccide	nt.	7			L BETWEEN ND DEATH
RTIFICATION	PART II. OTH  Park  On. ACCIDENT WAS  OR CONTRIBUTING	insons	Dise	CONTRIBUTING TO DEAT	uf	o att	resor	els	on	EN IN PART	PE	AS AUTOPSY REFORMED?
MEDICAL	Oc. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While		Oe. PLA	CE OF INJURY (He tory, street, office b	ome, form, 20f	. (City or to	wn)	(Ce	ounty)	(Stote)
A SI	CTUAL C	Eigen	12	ed from July 58, and that of clerman mann, M. D.		accurred at /	OOR M,	fram the ESS (Street, o	causes a lity or town,	nd an the stote) OSPITA	e date st	he deceased tated abave DATE SIGNED 2-17-58
22o. B		N, 22b. DATE THEREO マーン/-S		22c. NAME OF CEMET		CREMATORY	22d.		City, town, o		, ,	Stote)
23. FU	Weral DIRECTOR'S	SIGNATURE	me	- Cutorsvil	4	200	40. REC'D BY	REGISTRARS	24b. REG(S	TRAR'S SIGI	NATURE	

HEART TO BY ADDITION OF \$ 281 BUREAU V. A. FEB 24 1958

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		5	To	
OR A NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after		DIRECTOR: After this certificate has been signed by the attending physician and campletely filler, by the fune	sho	1
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Ö	ined by the haspital ar attending physician.	H	0	prior to burial greenation or removal and in now event within 70 hours after death

VS A1S (4) 1SM 10/S7

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1634 **CERTIFICATE OF DEATH**

						Keg, Dist, No	D	
1	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		ved. If institutio b. COUNTY	Residence before Baltim		ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) CatonSVILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or X Baltimore	utside corporate	e limits, write RL	JRAL and give ne	parest town	1)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  SPRING GROVE STATE HOS	address) SPITAL	d. STREET ADDRESS 319 Dunkirk	Road				FARM?
3	NAME OF First DECEASED (Type or print) William	Middle Herbert	Hall	4. DATE OF DEATH	Febru			Yeor 19 58
	sex 6. COLOR OR RACE 7. MARI	ED DIVORCED	B. DATE OF BIRTH May 31, 1887		70 yrs.	Months Doys		Min.
	Do. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  retired salesman	KIND OF BUSINESS OR INDU	Delaware		lry)	U. S		COUNTRY
1.	3. FATHER'S NAME  John Hall		14. MOTHER'S MAIDEN N					
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown)   Ill yes, give war or dates of service	13-099-799A	Sinah INFORMANT ecords: SPRIN		astings Addre VE STAT		TAL	
	18. CAUSE OF DEATH [Enter only one couse per li PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  DUE TO  Conditions, if any, which gave rise to immediate couse (o), stoting the under- lying couse lost.  [b]  DUE TO  UE TO  (c)	neumonia	monary eny	shyse	ma .		TERVAL BE	
CEPTIEICATION	PART 11. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF C	CONTRIBUTING TO DEATH BUT  LIVE AUG. S  CRIBE HOW INJURY OCCURRE	theroseles:	ti ,	heart of	IN IN PART 1(0)	19. WAS / PERFO YES [	PMED?
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour a. m. White p. m. 19 at wor	Not while	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or	town)	(County)	)	(State)
	21. I certify that I attended the decease alive an Feb. 12 195 ACTUAL SIGNATURE C. Eugene Waterm Physician's NAME (Type) C. Eugene Waterm	of and that death	accurred atll:45p	NOVE S		iore) IOSPITAL	ate state	
1-	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Feb. 20, 58	Moreland M		22d. LOCATION	(City, town, or timor e	r caunty)	(Stote Md	
H	Phrey W. Jenkins & Son	s 1905 York Balto 12,	Road 240. REGED DATE	BY REGISTRA	266 SECIS	TRAR'S SIGNATU	RE	

MARYUNIO STATE BEFARTMENT OF RECUIP-BATT ONALYSAM £E8 5. VETE

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		MARYL	AND	STATE DEPAR	IWE	NT OF HEALTH	-BAL	TIMORE, 1	8		01	614
		16	35	CERTIF	ICA	TE OF DEATH			Reg. Di	st. No.	() _	. 01.
	PLACE OF DEATH				2	2. USUAL RESIDENCE (Whe	re decease		on: Resider	ce befo	re odmiss	ion)
	3-2	Baltimo		MARYLA	ND	Maryla	ind	b. COUNTY	Balt	imo	ce	
	b. CITY OR TOWN (I'RURAL ond give ne	f outside corporate limit arest town)	, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If ou	itside corpo	orote limits, write R	URAL ond	give nec	arest town	1)
		Bengies				X Bengi	es					
S	OR INSTITUTION	AL (If nat in hospital, gi				d. STREET ADDRESS						FARM?
			· ·	Quarters Rd.		Box 9		eys Quart	ers R	d.	YES [	NO
	NAME OF DECEASED	Firs	1200	Middle		Lost	4. DATE OF	Mor		Do		Year
	(Type or print) SEX	6. COLOR OR RACE	Frai			nousek	DEATH		Feb.			1958
٦.	*/			DIVORCED		DATE OF BIRTH	000	9. AGE (In years lost birthday)	Months	Days	Hours	ER 24 HRS. Min.
100	Male . USUAL OCCUPATION	1111700	WIDOWE		_	Sept. 12, 18		69 yrs.	12 (1	IZENI C	E MILLAT	COUNTRY
	during most of work	ing life, even if refired)					20.	,,	12. C			COUNTRI
13.	FATHER'S NAME	eror.		Sporting Goo		14. MOTHER'S MAIDEN NA	0.0			US	5.A	
	Fr	ank Hanous	ok			Cath	erine	e Unknown				
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	ier Tile	Add				
(14	NO NO	(If yes, give war ar dates of se	vice)		Mrs.	Hilda A. Ha	nous	ek Box 9	Bowl	evs	Quar	rters
	18. CAUSE OF DEA	TH [Enter only one cou	se per lin	ne for (o), (b), and (c).]						INTI	INTERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	175	COR	NA	RY Occi	L US	ion		ONS	SET AND	DEATH
	420.1	DUE TO					7					
	Conditions, if a		As	RT. SELE	R.	LORONAR	YY	ISEASE	State.		24	RS
	gove rise to it couse (o), stoting											
_	lying couse lost.	) (c)										- 1
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CONE	itions <u>c</u>	ONTRIBUTING TO DEATI	E BUT NO	OT RELATED TO THE TERMIN	IAL DISEAS	SE CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO YES	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (	(Enter noture of injury in Po	ort I or Por	rt 11 of item 18.)				
MEDICAL	20c. TIME OF INJUR' Hour o. 53. p. m.	Y Month, Day, Yea	20d. IN While of work	_ Not while		E OF INJURY (Home, farm, ry, street, office bldg., etc.)		y or town)	(1	County)		(Stote)
		at I attended the	decens	ed from Jun	1		200	5, 1958	Sheet 1	last	- Ab -	dagage
	alive on	-18 5	. 19 🗸			ccurred at 6:30 P						
		0		0'	111			itreet, city or town,		ie ud		ATE SIGNS
	ACTUAL SIGNATURE	Louis	X	encenty	KM.	21080n	essa.	Red Bal	620	Kd	2	16/5

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs oft DIRECTOR: After this certificate has been signed by the attending physician and campletely filled uld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages I reprior to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO FUNERAL DIRECTOR: TO HOSPITAL OR A page .

220. BURIAL, CREMATION, REMOVAL (Specify) Feb. 8. 1 23. FUNERAL DIRECTOR'S SIGNATURE

Louis

PHYSICIAN'S NAME (Type)

Orem's Methodist ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

SEMENDEF!

24a. REC'D BY REGISTRAR '58 DATE

Stemmers Run Rd. Md. 246 REGISTRAR'S SIGNATURE

(Stote)

22d. LOCATION (City, town, or county)

Rd

VS A15 (4) 15M 9/55

	CERTIFICATE OF DEATH
	NEW TOTAL PROPERTY OF THE PROP
	As A CONTRACTOR OF THE STREET
W UARRUR	of Y 190
EEB 4 1958	Out to the second second second second
BECEIN: FI	
	THE REPORT OF THE PARTY OF THE

TREMTSASSIC BYATE THAN SYDAN

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

200	CERTIFICATE	OF	DEAT
538	CERTIFICATE	O	DEMI

CATE OF DEATH Reg. Dist. No. 01615

	1933	CERT	IIICAI	L OI DEAT		R	leg. Dist. No	OIC	7.17
1. PLACE OF DEATH o. COUNTY Balti	more	MAI	RYLAND 2.	usual RESIDENCE (W S. Maryland	here deceased lived	Ballim	Residence befo	re odmiss	ion)
b. CITY OR TOWN (If outside co RURAL and give nearest town) Dundal	rparate limits, write	c. LENGTH OF STA	11 /	3Dundalk 2		imits, write RUR	AL and give ned	erest town	)
d. NAME OF HOSPITAL (If not in OR INSTITUTION 3437	hospitol, give stree McShane		1	d. STREET ADDRESS	ane Way				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	First Mary	Midd	len	lost Harringto	4. DATE OF	Month Febr	uary	y '	Yeor 19 58
	9 1	RRIED NEVER MAR		ATE OF BIRTH	los	GE (In years IF	UNDER 1 YEAR		
100. USUAL OCCUPATION (Give king life, every control of the contro	nd of work done 10to en if retired)	s. KIND OF BUSINESS	OR INDUSTRY				U.S.		COUNTRY
13. FATHER'S NAME			14	. MOTHER'S MAIDEN	NAME			-	
Andrew De	Martin			Eliza	beth Han	nby			
18. CAUSE OF DEATH [Enter PART I. DEATH WAS C.	only one couse per AUSED BY: E CAUSE (o) DUE TO	213-09-954 line tor (a), (b), and (c) Andrea		H.C. Weinri	ch,7537	Ives L	INT	ERVAL BE	TWEEN
PART II. OTHER SIGNIF  OR CONTRIBUTING   CAUSE  OR CONTRIBUTING   CAUSE  Ulf Either, NOTIFY MEDICAL E				RELATED TO THE TERM			I IN PART 1(o)	PERFO	AUTOPSY RMED? NO
JOSEPH STREET OF STREET	Day, Year 20d. Whill 19 at we	ork of wark or	foctory,	OF INJURY (Home, form street, affice bldg., etc., 19 7), ta	AM, from the	, 19 5 fi		te state	ed abave.
ACTUAL SIGNATURE PHYSICIAN'S A MAME (Type)  220. BURIAL, CREMATION, 22b. D	ATE THEREOF	Hurh V. 1-1 n	M.D.	V	ADDRESS (Street,				ATE SIGNED
REMOVAL (Specify) BURTAT.	3-58	Sacred			22d. LOCATION Dundal		Mary]	(State	•)
23. FUNERAL DIRECTOR'S SIGNATU William Cook, In		ADDRESS		Cometery 240. REC DATE M	D BY REGISTRAR AR 4 '58	24b REGISTR	AR'S SIGNATUR	RE	

by the funeral director, ad 2 should be filed with oth: Poge 4 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of moy be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fille page tould be detached far use as the burial-transit permit. Then please temove carbon papers. Pages the reservor prior to burial, cremator, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF MEALTH-RADIMORE, IS with the second second stant, contract were there, had :WY & 1823 

VS A1S (4) 1SM 10/S7 0

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,
	9 1	CEDTIELCATE	OF	DEATH

01616

		1	636	CERT	IFIC	ATE	OF DEAT	Н		Reg. Dis		10	1	
1.	PLACE OF DEATH o. COUNTY Ba	altimore		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore								
	b. CITY OR TOWN (IF RURAL ond give nee Catons	arest town)	ts, write	Limths17d		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
SI	d. NAME OF HOSPITA OR INSTITUTION PRING GROV		HOSF			1	d. STREET ADDRESS	dowdal	e Drive				FARM?	
	NAME OF DECEASED (Type or print)	Annal		Middle Lee			Harrison	4. DATE OF DEATH	2/ Mor	nth .	Do		Yeor 19 58	
S.	SEX +	6. COLOR OR RACE		RIED NEVER MARRI	-	26.1	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR			
_	nale	white	WIDOW	Special Control of the Control of th	-		ig. 27, 19		31 yrs.	Monnis	ooys	Hours	Min.	
100	during most of working housew:	ng lite, even it retired	done 10b.	KIND OF BUSINESS C	OR INDU	ISTRY	11. BIRTHPLACE (Stole Maryla)		ountry)			F WHAT	COUNTRY	
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN	NAME						
	Fred T.	. Ray						Hoffe	r					
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. 1	NFOR	MANT		Add	ress				
1	10		,	Unknown	Re	eco	rds: SPRI	NG GF	LOVE STA	TE HO	SPI	TAL		
			use per li	ne lor (o), (b), and (c).	]					INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	-	todeki	nis		Diseas	٥			UNS	2 2	DEATH	
	LOIX	DUE TO		0								8		
	Conditions, if on				the .	_								
	gove rise to im couse (o), stoting the													
_	lying couse lost.	) (c	)											
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	TON	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 1	PERFO	AUTOPSY RMED?	
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Ent	ter noture of injury in	Part I or Par	t 11 al item 18.)					
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	20d. II While at wor	NJURY OCCURRED Not while	20e. PL lo	ACE O	DF INJURY (Home, form street, office bldg., etc	n, 201. (City	y or town)	(Co	ounty)	31	(Stote)	
	21. I certify the	at I attended the	deceas	ed from Jan.	28		. 1958 . to 2	2 - 2	٤ , 195	R that I le		ur Alea	d	
	alive on	22	19 4			000	urred at 125	M from	n the course	and on the	121 20	w me	deceased	
					0				treet, city or town,		e du		ATE SIGNES	
	ACTUAL	Lugusta	سکد	South	X	M.D.	SPRING (	GROVE	STATE 1	HOSPIT	AL			
	PHYSICIAN'S A U	pusto J	SE	Esquibe			Catonsy	ille 2	8. Md.					
220	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	58	LOU C	ETERY O	R CRE	MATORY PARK	22d. LOCA	TION (City, town,		-	(Stote	(h)	
23.	FUNEPAL DIRECTOR'S	SIGNATURE	an	ADDRESS Woo	-di	las		D BY REGIST		STRAR'S SIGN	NATUR	E	-16)	

±, s,e

BUREAU V. E.

EEB SV 1828

BURING SISSISS LOUDEN TARK BALT.

# FOR STATE HEALTH DEPT.

y is nect. please all director. Page ad far your files. execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the freezest the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the freezest to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referenced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referenced to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referenced to the State of the State

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VS.	A15ME
5N	1 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	PLACE OF DEATH		637			2. USUAL RES	IDENCE (V	Vhere deceas	ed lived. If in	stilution	Residence be	fore odm	ission)			
T'	o. COUNTY	timore			MARYLAND	o. STATE		vland	b. COL		Balti					
-							c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
1	ond give nearest lown)  Fork, Rural  instant					X	Bacca	intental	Marvla	and						
1	d. NAME OF HOSPITA	L OR INSTITUTION (	If not in ho			d. STREET-	VDDRESS	Frank	linvil	10		e. 15 R	ESIDENCE A FARM?			
	Harf	ord Rd.				/							] NO E			
3.	NAME OF DECEASED	Sidi	Nev	M	Bållard	Lost		4. DATE	M	lonth	Day	, )	/ear			
	(Type or print)	BALI			SIDNEY	HARVI	EY	DEATH	Fel	brua	ry 26	- 1	9 58			
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER	MARRIED [ 8.	DATE OF BIRTH	1		9. AGE (In year lost birthday)		UNDER TYEAR	IF UND	ER 24 HRS.			
1	Male	White	WIDOWE	DIV	ORCED 🔲	Apr.29	,1930			yrs. Mc	onths Days	Haurs	Min.			
10	a. USUAL OCCUPATIO	N (Give kind of work life, even if retired)	done 10b.	KIND OF BUSIN	ESS OR INDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign c	ountry)		12. CITIZEN C	F WHAT	COUNTRY?			
	Mechanic			Automob	ile	Har	ford	Co., N	id.,		U	.S.A				
13	, FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME								
	Robert	t Harvey				Ret	hie B	conomia	3							
	MAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURI	ITY NO. 17. IN	FORMANT			Add	ress						
_	no			216-28-8	8455 R	obert H	arven	, Fran	klinvi	lle.	Maryl	and.				
		H [Enter only one car	use per line	for (o), (b), and	(c). ]					at		RVAL BETW				
		H WAS CAUSED BY:	F	apture	of Aorta	1				797						
	8197	20000						35								
	Canditions, if on				othorax	due to	Crus	hing I	njury (	of						
	gave rise to immed (a), staling the u		Che	est												
	cause fost.	) (c														
S S	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING T	O DEATH BUT NO	OT RELATED TO	THE TERM	INAL DISEASI	CONDITION	GIVEN	IN PART I(a)	19. WAS PERFO	AUTOPSY RMED?			
CERTIFICATION												YES T	№ □			
E TIL	PRIMARY X or CON	SE WAS	DESCRIE	E HOW INJURY	OCCURRED. (En	ter noture of in	jury in Pari	t I or Part II	of item 18.)							
					ck bridg											
DICAL	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. Whi		RED 20e. PLAC	E OF INJURY (I ry, street, office	Home, form bldg., etc.	n.   20f. (Cily .)	or town)		(County)		(Stote)			
MEDI		2/26 15		ork ot wark		reet			loy Mil	1 B	altimo	20-	Md.			
	21. I certify th	at I taak charge	of the	remains des	cribed abay	e, held an	Autops	y K. Ir	spection	, 1	nquiry _	, an	d in my			
	apinian death	esulted from:	Natural	causes .	Accident	, Suicide	e 🔲 , I	Homicide	. Und	etermi	ined mann	ег 🔲				
	ACTUAL //	1:a. 1	110	N/ -								DATE	SIGNED			
	SIGNATURE_	ellin V	four	XX		M.D.		KAMINER [				D/4/4				
	EXAMINER'S	0		. 0				AL EXAMINE			2/	27/58				
_		illiam V.				_	MEDICAL	EXAMINER [	-		•	-1/50				
22	e. BURIAL, CREMATION REMOVAL (Specify)	100,000		22c. NAME OF	CEMETERY OR	REMATORY			MON (City, lav		ounty)	(Slot				
-	urial	Mar 2,	1958	Sale					r Fall		alto.,	Me	d.			
23	HINERAL DIRECTOR	W to	( (h	Abta				D BY REGIST	RAR 246. R	1	aris signatu	IRE				
	1 500074 /	1, policiona	as he	2071	ngdon, Md	• •	DAMAR	5 30	In	11-10	one is					

Thursday, 2 ages The same of the same - shows elifed CALLED STREET, AND STREET, STR 8382 8 3888 Edward colors . 1.11 . 155 . Street . Teatfile main desperance lumber salma , and , nor men -

IDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

		1000	ALL OF DEATH	Reg. Dist. No.
M)		PLACE OF DEATH  COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE	I. If institution: Residence before admission) b. COUNTY  Baltimore
		b. CITY OR TOWN (If autide corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate II)	mits, write RURAL and give nearest town)
00		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3605 Joppa Road	d. STREET ADDRESS ONLY	a Rale IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) Mr. George	Haslbeck DEATH	Honth Doy Year Jebruary 3rd 19 5
		SEX male 6. COLONOR PACE 7. MARRIED NEVER MARRIED   DIVORCED	120101087	GE (In years of UNDER YYEAR IF UNDER 24 HR Months Doys Haurs Min.
		. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired (lothing Buyer	Baltimore, Mar	12. CITIZEN OF WHAT COUNT yland USA
		John Haslbeck	Mary E. Schmidt	
		WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17.  17. 214-03-160	Mrs. Isabelle Has.	lbeck, same
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DUE TO	estive Heat fa	ilux INTERVAL BETWEEN ONSET ANY DEATH
		Canditians, if any, which gave rise to immediate couse (a), stoting the under-lying cause last.  (b)  DUE TO  (c)	alic Lever.	Child
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	clerosis & Emp	hysema YES NO
	IL CERTII	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED_{Enter nature of injury in Part I or Pole II of	
	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour a. j1. p. m. 19 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 20f. (City or to actary, street, affice bldg, atc.)	wn) (County) (Stote
		21. I certify that I attended the deceased from alive on 12 and that deat	h occurred ot 1 5 PM, from the	, 19,that I lost saw the decear
		ACTUAL TRANK 1. Kasek	M.D. 900 Hor	or lown, state P DATE SIGN
_ /	220	PHYSICIAN'S PRANK T. KASYK  BURIAL, CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY	CVR. BALTO	0 14 Md.
		- BURIAL, CREMATION, REMOVAL (Specify)  2/6/58  FUNERAL DIRECTOR'S SIGNATURE  22c. NAME OF CEMETERY OF HOLD Redee	mer (em. Balt	city. town, or county) (Stote) imore, Maryland
0	13.	Leonard J. Ruck 5305 Harford Ro	240. REC'D BY REGISTRAR DATE FER 5 '58	24b. REGISTBAR'S SIGNATURE

DECENTED

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SAMORIOS - 1000 HELDY SAMORINE S

THE WARRY THE PARTY THE REAL PROPERTY OF THE PARTY OF THE

24a. REC'D BY REGISTRAR

DATE FER 2 5 '58

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

John A. Moran 3000 E.Balto.St.Balto.

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or Company available	Becom ACT	7 m	vital in the office in
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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	March 25, 1862 75		omet	Male					
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MATYLAND STATE DEPARTMENT OF HEALTH-PALEIMORE, 18

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1641 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

01621

Reg. Dist. No.

0		ltimore		MARY		usual RESIDENCE (WI		d lived. If instituti b. COUNTY	on: Residen	ce before	e admiss	ian)
ŧ	CITY OR TOWN (If	autside carporate limi	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN (IF	outside corpo	orate limits, write R	URAL and g	jive near	est town	) V
	Catonsvill	e		20 days		Baltimore 3 Vol-4						
(	d. NAME OF HOSPITA	L (If not in hospital, g	ive stree	t address)		d. STREET ADDRESS				e	. IS RES	DENCE FARM?
S	PRING GROV	E STATE	HOS:	PITAL		3503 Haywa	ard Av	enue				NO 🗌
3. 1	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mon		Day	1	Year
	Type or print)		gare			Hegeman	OF DEATH	Feb	ruary			9 58
S. S	EX	6. COLOR OR RACE	7. MAE	RRIED NEVER MARRIE	D 🔲 B. D	ATE OF BIRTH		9. AGE (In years lost bigthday)	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.
	emale	white	WIDOW	44.00	_	Unknown		10 yrs.		ouys	Hours	MIR.
10a.	USUAL OCCUPATIO during most of worki	N (Give kind of wark ng life, even if retired	done 10b	. KIND OF BUSINESS OF	NDUSTRY	11. BIRTHPLACE (State	ar fareign c	auntry)	12. CIT	ZEN OF	WHAT	COUNTRY
_	housew:					Unknow	n					
13. 1	FATHER'S NAME				1	4. MOTHER'S MAIDEN I	NAME					
	Unknow	m				Unknown						
15. Yes	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress			
	10	70, 910 1101 01 00100 01		Unknown	Rear	rds: SPRII	NG GR	OVE STATE	E HOS	SPIT	AL	
MEDICAL CERTIFICATION	Canditions, if an gave rise to im cause (a), stating to lying cause last.	mediate DUE TO (compared to the under ) DUE TO (compared to th	DITIONS 20b. DE:		CURRED. (E	varent	Part I or Part	III of item 18.)	nei		PERFO	
220.	actual signature	Eugene Wa	, 12 	58 , and that	MOM.D.	SPRING Catonsv	AM, from ADDRESS (SIGNATURE SINCE)  ille 2	STATE 1 8, Maryl	ind on the state) HOSPI's	ral	2-1	ed above. TE SIGNED .7-58
7	anro 1/1	10 livery	John	Spenck 130	16 [6]	DATE B	2 0 158	Qu.	· ebuc	1		

MARYLAND STATE DEPARTMENT OF HEALTH DALTING IS. 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### FOR STATE HEALTH DEPT.

pleose Page d for yaur files. Board of Heolth,

MEDIC XAMINER: This certificate should be executed within 24 hours after death. If any delther earlifting the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the lists forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be result DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sycian agent, prior to burial, cremation, ar removal, and in any event within 72 hours after de TO DEPUTY MEDIC TO FUN

VS. AISME SM 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01623

1511			Re	g. Dist. No.
1. PLACE OF DEATH 1 timore	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	esidence before admission) altimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporate limits, write RURA	L and give nearest town)
Arbutus d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS	ро	e. IS RESIDENCE ON A FARM?
5203 Leeds Ave		5513 Willys	Ave	YES NO
3. NAME OF First DECEASED (Type or print)	May May	Hemp 4.	OF DEATH	Doy Year 7
5. SEX Fem 6. COLOR OF RACE WILLE WILLOWS	ED NEVER MARRIED 8.	Nov. 23, 188	7 9. AGE (in years lift UN Mont	DER TYEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or	foreign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER NAME CALL Nurse Robert Dawson		14. MOTHER'S MAIDEN NAM Alice Ship	ue ley	U.S. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown]   If yes, give war or dates of service	SOCIAL SECURITY NO. 17. IN	Easton Son	Address is. Funeral Home	· Catonsville Mo
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause tast.  Conditions, if any, which (b)  DUE TO  Course tast.	Cardiovascu	ılar disease		INTERVAL BETWEEN ONSET AND DEATH
PART II, OTHER SIGNIFICANT CONDITIONS CONDIT	ONIKIBUTING TO DEATH BUT N	OT KELATED TO THE TERMINA	CONDITION GIVEN IN	PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO?
20b. DESCRIE PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	E HOW INJURY OCCURRED. (E	nter nature at injury in Part I	or Part II of item 18.)	
Hour o. m. Whil		CE OF INJURY (Home, farm, iry, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I took charge of the opinion death resulted from: Natural ACTUAL SIGNATURE	causes		omicide, Undetermina	DATE SIGNED
EXAMINER'S GeO . S. M. Kieffe		DEPUTY MEDICAL EXA	MINER 17	eby • 25, 1958
226. Burial, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) Burial 2/28/1958	22c. NAME OF CEMETERY OR Lorraine Par		2d. LOCATION (City, lawn, or cour Woodlawn, Md.	nty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D E	Y REGISTRAR 24b. REGISTRAR	SIGNATURE
Casion sons	/ Catonsvil	Le, Ma. DATE F	B 2 8 '58 UU-A	educh

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	1644	CERTIF	CATE OF D	EATH		Reg. Dist. N	01625
1. PLACE OF DEATH o. COUNTY	Baltimo	re MARYLA	a CTATE	NCE (Where decease	sed lived. If instituti b. COUNTY	on: Residence be	fore admission)
b. CITY OR TOWN (If a RURAL and give near	outside corporate limits, write lest town) Overlea	c. LENGTH OF STAY IN 52 yrs.		wn (If outside corp verlea	porote limits, write R	URAL ond give n	learest town)
d. NAME OF HOSPITAL OR INSTITUTION	. (If not in hospital, give stre 9 Walnut	et oddress) AVe•	d. STREET AD	Walnut	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Mary	Middle A e	Heuisler lost	4. DATE OF DEAT	Mor H	Feb.	15, Year 58
Female	White woo	RRIED NEVER MARRIED WED DIVORCED	Sept. 3,	1873	9. AGE (In years lost birthday)	Months Doys	AR IF UNDER 24 HRS Hours Min.
House	g life, even if refired)	At Home	Bai	ltimore,	country) Mde		OF WHAT COUNTI
13. FATHER'S NAME	Aloysius	Krichton		nastasia	Barringe	r	
15. WAS DECEASED EVER I	N U. S. ARMED FORCES? yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	Mrs. Anna	Bermel	9 Walnut		(6)
PART I. DEATH  44 43 X  Conditions, if any, gove rise to imm couse (o), stating the lying couse lost.	punder DUE TO	religional Carlos Contributing to Death	Selen Hy	facten HETERMINAL DISEA	sure Des	inal	Tyeur Tyeur Tyeur 19. WAS AUTOPSY
PART II. OTHER  20g. ACCIDENT WAS 1 OR CONTRIBUTING D IF EITHER, NOTIFY ME	UNDERLYING 20b. DI CAUSE OF DEATH EDICAL EXAMINER)	ESCRIBE HOW INJURY OCCI	URRED. (Enter nature of i	njury in Port I or Po	ort II of item 18.)		PERFORMED? YES NO
20c. TIME OF INJURY Hour a. js. p. m.	Whi		e. PLACE OF INJURY (Ho foctory, street, office b	me, farm, 20f. (Ci	ty or town)	(County	y) (Stote
21. I certify that alive on fellen ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	I attended the decent of the land of the l		24, 1951 eath occurred a	145 P.M., fro ADDRESS ( Bellin	5, 1956 am the causes a Street, city or town,	and an the d	saw the deceas ate stated above DATE SIGN
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Feb. 19,1958	22c. NAME OF CEMETER Parkw		22d. LOC	ATION (City, town, o Baltimore		(Stote)
23. FUNERAL DIRECTOR'S S	SIGNATURE METAL Home	ADDRESS 7401	0/1 1 0/1	40. REC'D BY REGIS		TRAR'S SIGNATI	URE

TO HOSPITAL OR A VS A15 (4) 15M 9/55

AL DIRECTOR: After this certificate has been signed by the ottending physician and completely fille. by the funeral director, and be detoched for use as the burial-transit permit. Them please remove corban papers. Pages 1 and 2 should be filed with a prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

hospital or ottending physicion.

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0 VS A15ME 5M 2/57

Burial

23. FUNERAL DIRECTOR'S SUSPICIONE

Pikesville. Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

01626

e. IS RESIDENCE

Year

19

Hours

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO I

(State)

and in my

DATE SIGNED

(State)

YES M

(County)

F UNDER 24 HRS

ON A FARM? YES NO

Reg. Dist. No

IF UNDER TYPAR

Days

Months

Baltimore



EEB 1 1828



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1648MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. FAITH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY q. STATE b. COUNTY Health, MARYLAND b. CITY OR TOWN (If outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) and give nearest town) 40 OCUSON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? G ENSOR YES NO IN NAME OF Middle DATE First Month Year DECEASED (Type or print) DEATH 191 5. SEX 6. COLOR OR RACE 9. AGE |In years 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo DWES pages 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) TENSORAUE, TOWSON 18. CAUSE OF DEATH [Enter only one couse per line for/(ot/(b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection Inquiry ond in my CTOR: opinion death resulted from: Natural couses Accident | | Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE MD ā ASSISTANT MEDICAL EXAMINER EXAMINER' NAME (Type DEPUTY MEDICAL EXAMINER DEPUT 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) MOVAL (Specify) 0 24o, REC'D BY REGISTRAR 246\_REGISTRAR'S SIGNATE A15ME 5M 2/57 DATE FER 1

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VDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

	o. COUNTY Baltimore (out) MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Balti
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Lucal - Balta 50 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2812 Yeary Clux	1/2 STREET ADDRESS 2812 Georgia av e. IS RESIDENCE ON A FARM? YES NO B
	3. NAME OF DECEASED (Type or print) EFF/E ALTHEA	HOFFMAN GEATH February 12 1958
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  25 Feb. 1876  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
	10a. USUAL OCCUPATION (Give kind of work done during most at working life, even if retired)  Aome  Aome	11. BIRTHPLACE (State or foreign country)  Maryland.  12. CITIZEN OF WHAT COUNTRY?  U. S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME LOSE Cavey.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give war ar dates of service)  Therefore  Th	n-John Naffmen - 2812 Jeanger au
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cotse (a), stoting the under.  Lying cause last.	Den Hemonhargt Interval BETWEEN ONSET AND DEATH I clay
2		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO (2)
		D. (Enter nature of injury in Part 1 or Part 11 of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF GURRED 20e-Pl Hour a. m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ACTUAL SIGNATURE WILLIAM GOODMAN. I	n accurred at 1012 M, fram the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 1334 Sufface Physical 12 711
	220. BURIAL (SPECIFY)  REMOVAL (Specify)  Feb. 15, 1958  22. NAME OF CEMETERY C  Mr. Carm  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	OR CREMATORY  22d. LOCATION (City, town, or county)  (State)  Baltimori  Ada. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	Henry Sander & Sons, The Bul	Tuning Apphre FEB 1 4 '58 ( )

1836: DI 83\_

- Charles

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12 FilmG227 3-42-58 et CERTIFICATE OF DEATH Reg. Dist. No. 1629 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) L COUNTY MARYLAND Md. b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town) RURAL and give negrest town) 10 Mos. Edgemere Raltimore d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE or institution Morelands Nursing Home ON A FARM? 3103 Juneau Place YES NO NAME OF 4. DATE First Middle Month Dov Yeor Minnie (Type or print) Holmdahl DEATH Feb. 16 19 58 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manths | Days | Hours | Min 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH Days Hours Female white WIDOWED DIVORCED [ July 18, 1870 10a. USUAL OCCUPATION (Give kind of wark done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) at home Sweden Homemaker 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Johanson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Esther Keenan 9 Sipple Ave. 18. CAUSE OF DEATH [Enter only one cause per line for Jet. (b), and Jet. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1120.0 DUE TO Canditians, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Doy, Yeor 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o. m While Nat while at work at work 16. 19 Se that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 7 A. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Loudon Park Cem. Baltimore, Md. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Tickner & Son. North & Penna. Aves. Balto.

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**CERTIFICATE OF DEATH** 

									. No.	
o. COUNIT	Rosewood Sta Baltimore	te Tr		YLAND	2. USUAL RESIDENCE ( o. STATE  Mar	Where deceased livyland	ved. If instituti b. COUNTY	4 9	e before odmi	ssian)
b. CITY OR TOWN	(If autside carporate limit	ts, write	. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (		e limits, write R			(n)
Owings Mi	lls, Marylar	nd	11 month	ns I	0	and. Mary		110		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, a	ive street ad			d. STREET ADDRESS		- LCHILL	9/1	e. IS RI	SIDENCE
	tate Trainir	ng Sch	1001		RFD # 5	Box 450	Brade	lock Re	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Firs W:1	illiam	Middle Wir	nter	Hopwood	4. DATE OF DEATH	Mon	th 2	Day	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	IED X 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1	YEAR IF UNI	17
Male		WIDOWED			6/25/54		3 yrs.	Months [	Days Hours	Min.
On USUAL OCCUPATI	ON (Give kind of work orking life, even if retired)	done 10b. KI	ND OF BUSINESS C	OR INDUST	TRY 11. BIRTHPLACE (See	ate or foreign coun	try)	12. CITIZ	EN OF WHA	T COUNTR
Comg most of wo	tring the, even it rented;				Maryl	and			U.S.A	
3. FATHER'S NAME					14. MOTHER'S MAIDE	NAME				
Kenne	eth S. Hopwo	bod			Dolo	res Riggs	Hopwo	od		
	ER IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO	). 17. IN	FORMANT		Addi			
no	the year give wor or odies or se	a vice	-	3	Rosewood R	ecordx				
	ATH [Enter only one con		for (o), (b), and (c). ostatic p						INTERVAL E	ETWEEN D DEATH
2111.0	IMMEDIATE CAUSE (a)					2				
34400	DUE TO	int	ernal hyd	and n	alnutrition	aue to	most se	vere		
Canditions, if a	immediate (	Tilo	ernar nyu	rocep	naly					
cause (a), stating lying cause last.	the under-		gotlism ?							
PART II. OT	THER SIGNIFICANT CONE	DITIONS CO	NTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TER	RMINAL DISEASE CO	ONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	OCCURRED.	(Enter nature of injury	in Part I ar Part II	of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Manth, Day, Yea 19	While	Not while at work	20e. PLAG	CE OF INJURY (Home, fo ary, street, affice bldg.,	erm, 20f. (City or	lawn)	(Co	unty)	(State)
	hat I attended the	deceased	I from		, 19, to		. 19	that I la	st saw the	decense
21. I certify th					occurred of 7:5					
21. I certify the alive on		_, 19	, ond mar			1				
alive on	7. 5	, 19	fel. 1	,		ADDRESS (Street	, city or town,	state)	0	
	Pic. En	1 4	a Phylls.	doppe		ADDRESS (Street	, city or town,	state)	0	
alive on	Richard Lin	14	9 Phills.	dry		ADDRESS (Street	, city or town,	state)	0	
alive on	Richard Lin	14 ndenb	9 Phills.	doja	Y/ 750	ADDRESS (Street	city or town,	state) Be,/4s	0	ATE SIGNE
alive on	Richard Lin	14 ndenb	g Pills.	els y	CREMATORY	ADDRESS (Street	city or town,	Belly r county)	2,	ATE SIGNE

In by the funeral director, and 2 should be filed with death. Page 4

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TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely find page thould be detached for use as the burial-transit permit. Then please remove carbon pages the transitror prior to burial, cremation, or removal, and in any event within 72 haurs after death.

TO HOSPITAL OF VS A1S (4) 1SM 10/S7

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TO HOSPITAL OF

VS A1S (4) 1SM 9/SS

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01631

	10	96	CERTIF	ICA	E OF DE	A11			Reg. D	ist. No.		
1. PLACE OF DEATH				2	USUAL RESIDEN	CE (W	here deceased			nce befa	re admis	sion)
o. COUNTY	lto.		MARYLA	ND	o. STATE			b. COUNTY	Bal	to.		
b. CITY OR TOWN	(If outside carporote limi	ts, write	c. LENGTH OF STAY IN	116		VN (IF	outside carpoi	rate limits, write F			rest tow	n)
RURAL and give r	ndallstown				X Mili	ford	i Garde	ens				
d. NAME OF HOSP	ITAL (If not in haspital, g		address)		d. STREET ADDI	RESS						FARM?
	Sheraton Rd				35.	13.1	layfair	r Rd.			IE2 [	NO [
3. NAME OF DECEASED	Fi		Middle		Lost		4. DATE OF	Mai	nth	Do	У	Year
(Type or print)	MAUD:		A.		HORAN		DEATH	F	eb.	19		19 58
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years last birthday)			_	ER 24 HRS.
female	White	WIDOWI	DIVORCED		May 7. 18	399		58 yrs.	Months	Days	Hours	Min.
Oo. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR			or fareign co	iuntry)	12. C	TIZEN C	F WHAT	COUNTR
Housewife	rking life, even if retired		t home		W.							
3. FATHER'S NAME		1 8	L_nome		14. MOTHER'S MA	IDEN	NAME				•	
77						. 2 _	•					
Henry Heli		CESS 14	SOCIAL SECURITY NO.	17 INE	RMANT	ui.e	1	Andri	ress			
[Yes, no, or unknown]	If yes, give war or dates of	ervice)	SOCIAL SECURITY NO.	IZ. INI	ZATION I			Add	ress			
no				Mr.	Marion A	1. 1	loran -	3513 Ma	wfai:	r Rd		
	ATH [Enter only one co	use per li	ne for (a), (b), and (c).]				,			INT	RVAL BI	TWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Sulus	n d	us	8	den	-		014.	LI AITE	DLAIN
170X	DUE TO				//	n/ol		0		4.		
Conditions, if	any which \		ALLAGORE		Acris	1-	1	en la	of a	X	. 0.	1. Com
gave rise to	immediate (		Transcette.	1	//)		L. B.q.		- Carl	700	er en	790
caese (o), stating		,	Openson.	es	bream	1						
lying cause last				fre		_						
PART II. OT	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO		ETERM	INAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 1	PERFC	DRMED?
On ACCIDENT M	77572	Elec	COURT HOW IN HUNDY OF	-		lu	a1 -	Hereo	ex		YES _	ио-П
OR CONTRIBUTING	/AS UNDERLÝING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CORRED.	Enter nature of in	lury in	Port I or Part	If of item IB.)				
20c. TIME OF INJU	RY Month, Day, Ye	ar 20d. II	NJURY OCCURRED 2	Oe. PLAC	OF INJURY (Hon	ne, form	n. 20f. (City	or town)		(County)		(State)
Hour o. m.	10	While at wor	Not while	factor	y, street, affice blo	dg., etc	:.)					
	hat I attended the				10 C/2	•	<u> </u>	, 19	About I	lost se	and the	daaama
	nor ranenaea me			1								
alive an		18-	, and that c	learn o	ccurred at			n the causes ( reet, city or town,		the da		ed abav ATE SIGNE
ACTUAL	4.	1	1. 5		17	1	ADDRESS (SI	reer, city or lown,	store)	11	.0	A IE SIGNE
ACTUAL SIGNATURE	ninus	/ )	morney.	M.I	) <i>(</i>	Co	PRO	ricks	1,-	14	#	3-/24
PHYSICIAN'S NAME (Type)	200,5	1	) AL MAL									/ /
	ON, 22b. DATE THERE	OF .	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)		(Sta	le)
REMOVAL (Specify	2/22/58	3	Druid R	doe	Cem.			kesville				
23. FUNERAL DIRECTO		1	ADDRESS //	THE .		a. REC	D BY REGIST				RE	
Thean. Y	- SIAMINE	NYI	lours /a	107	717/10	-		58 (71)	Les	U. Y		

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

01632

(Stote)

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

			11047	CLIICA		121111	T MITTIE	2
b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	nits, write c. LEN	IGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corpore	ote limits, write RL	JRAL ond give	nearest lov	พก)
Catonsville	17yr	8mthslOdy	Pasaden	a, Mar	yland	02	-2	
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street oddress		d. STREET ADDRESS					ESIDENCE
SPRING GROVE STA	TE HOSPI	TAL	Longhill	, Pasa	dena, Md	•	YES [	A FARM?
3. NAME OF DECEASED	irst	Middle	Last	4. DATE	Mont	h	Day	Yeor
	ily	Mary	Hostler	DEATH	Febru	ary 11		19 58
5. SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	19	AGE (In years	IF UNDER 1 Y		DER 24 HRS
female white	WIDOWED T	DIVORCED [	July 9, 18	69	lost birthdoy) 88 yrs.	Months Do	ys Hours	Min.
10o. USUAL OCCUPATION (Give kind of work during most of working life, even if retire	done 10b. KIND C	F BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign cou	untry)	12. CITIZE	N OF WHA	T COUNTE
housewife	England			Eng	land			
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
Charles Vicary			Unknow	n				
15. WAS DECEASED EVER IN U. S. ARMED FO		SECURITY NO. 17.	INFORMANT		Addr	ess		
no	Unkn	own I	Records: SPRI	NG GR	OVE STA	TE HO	SPITAL	L
1B. CAUSE OF DEATH [Enter only one of	ouse per line for (c	o), (b), and (c).]					INTERVAL E	
PART I. DEATH WAS CAUSED BY:	Arterio	osclerotic	cardiovascula	ar dise	ease		ONSET AN	D DEATH
4-2-2 / DUE TO								
Conditions, if ony, which	Genera	lized arte	rioscle rotis,	severe	2			
gove rise to immediate	0							
twing cours last	17							
	c)							
PART II. OTHER SIGNIFICANT CO	ADITIONS CONTRIB	BUTING TO DEATH BU	I NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART 1		ORMED?
2							YES	NO A
PART II. OTHER SIGNIFICANT CO	206. DESCRIBE H	OW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port	II of item IB.)			

20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy. 20f. (City or town) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work 21. I certify that I attended the deceased fram Feb. 11 , 19 <u>58</u> , ta\_\_\_ Feb.

, and that death accurred at\_\_\_\_\_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL

PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonswille 28, Maryland 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION,

22d. LOCATION (City, town, or county) (Stote) 5829 Ritchie Hghwy, Balto 25 Cedar Hill Cemetery ADDRESS

William Cook, Inc., 1217 St. Paul Street

2-13-58

23. FUNERAL DIRECTOR'S SIGNATURE

1651

PLACE OF DEATH

Baltimore

o. COUNTY

24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

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BUREAU V. S.

FEB 14 1958 -

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01633

1652	CERTIFIC	ATE OF DEATH Reg. Dist.	No.
1. PLACE OF DEATH Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE  Maryland  b. COUNTY Balt	befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give pearest town).  Parkville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give X Parkville	e nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 3224 Putty Ho	ill Avenue	d. STREET ADDRESS 3224 Putty Hill Avenue	e. IS RESIDENCE ON A FARM? YES NO DO
3. NAME OF DECEASED (Type or print) Mrs. Eller	M. (Nelli	e) Hubbard 4. DATE Month Jebruary	Day Year 19 50
temale white WIDOWE		Dec. 25, 1880   lost birthday) Months D	YEAR IF UNDER 24 HRS. ays Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. K during most af warking life, even if retired)	IND OF BUSINESS OR INDE	Baltimore, Maryland	EN OF WHAT COUNTRY
13. FATHER'S NAME  Jerome Murphy		Mary O'Neil	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   If yes, give wor or dates of service)		Mr. George W. Hubbard, Sr.	same
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	Heart Failure	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	spertensive Senilit	Cardin renal Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
OF CONTRIBUTING LI CAUSE OF DEATH	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Part II of item 18.)	
Haur a.m. While	JURY OCCURRED 20e. P Not while of work	CACE OF INJURY (Home, form, 20f. (City or town) (Country, street, affice bldg., etc.)	unty) (State)
21. I certify that I attended the decease alive an 219 19	d frem. 194	h accurred at 7 A. M. fram the causes and an the	
ACTUAL SIGNATURE SAMES &	Vhite.	M.D. 5214 Harford Rd.	2/20/5
PHYSICIAN'S TAMES E.	White MI	D. Baltimre 14 me	england
220. BURIAL, CREMATION, REMOVAL (Specify)  2/32/58	Parkwood	Cemetery Baltimore, Ma	ryland
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305	Harford Ro	ad #14 DATE FEB 2 4 158 24b. REGISTRAR'S SIGN	ATURE

may be retained to the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille page.

July be detached for use as the burial-transit permit. Then please remave carbon papers. Pages or the region or prior to burial, crematian, or remaval, and in any event within 72 haurs offer death. TO HOSPITAL OR VS A15 (4) 15M 10/57

DING PHYSICIAN: The law requires that the death certificate be executed within 24

BUREAU E. E.

SECEIVED SA 1958

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 1653

		13	1	C	2	A
Rea.	Dist.	No.	i	U	9	-

		-00							rag. Dis	1. 110	•	
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYL	AND	2. USUAL RESID o. STATE ME	ence (wh	nd deceas	ed lived. If institut b. COUNTY	Balti	e befo	re odmissi re	an)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)  Catonsville		N Ib	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)									
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 903 Sedgley Road				d. STREET ADDRESS 903 Sedgeley Road						e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Fir MARJ		Middle		Lost HUNTER		4. DATE OF DEATE	Mai	ruary	Do 7	*	ear 9 58
5. SEX female	6. COLOR OR RACE	_	RIED NEVER MARRIES		Jan. 20		01	9. AGE (In years last birthday) 57 yrs.	IF UNDER	VEAR Days		
10a. USUAŁ OCCUPA during mast af w	TION (Give kind of work orking life, even if retired none	dane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (State	ar fareign k Cit	country)		ZEN C		COUNTRY
Adolph	Misicka				14. MOTHER'S		iame M <b>edun</b>	a				
4	VER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		ORMANT 1SS		Misi		ress )3 Sed	gle	y Roa	ıd
PART I. D  / 7 44 ×  Canditions, if gave rise to cause (a), statin lying cause las	immediate and the under-	) m	Cardin etastasis t	o lu						2	erval Bet Set AND year mos.	PEATH S
CATI	OTHER SIGNIFICANT CON WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)	1,44	CRIBE HOW INJURY OC						VEN IN PART	1(a) 1	PERFOR	RMED?
	URY Month, Day, Ye	20d. It While at war	_ Not while	PLAC facto	E OF INJURY (H Iry, street, affice	lome, farm bldg., etc.	, 20f. (Ci	ty or town)	(Ca	aunty)		(State)
alive on  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMAT REMOVAL (Speci	Dr. R. M. Ho	Ne Ne ening	se,, and that a	death o	p. 203 In	3.30	PM, fro	om the causes of Street, city or town, Lve., Balt	and an the state) timore or caunty)	e da 28	DA, Md.	d above
Burial 23. FUNERAL DIRECTO		7.07	ADDRESS				BY REGIS		STRAR'S SIG	-		
William	Cook, Inc.	121	7 St. Paul	St.,	Balto.	DATE	FB1 0	158 60	Red a D.	1	/-	

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL OR FITANDING PHYSICIAN: The law requires that the death certificate be executed within 2s may be retained to the spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille page build be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the region prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. 00

VS A15 (4) 15M 9/55

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FEB IO 1949	ave shindfad for the		A17024
BECEIN		CALLER SER BROOK TILE YES CHINE	

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yaur files. dof Health, , pleose M Y MEDIC IXAMINER: This certificate should be executed within 24 hours after death. If ony delate certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 ta the factor of the Chief Medical Examiner's Office along with form PM3. Page 5 may be read. It DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sesignated agent, priar to burial, cremotian, or remaval, and in any event within 72 hours after de

TO DEPUTY MEDIC the certif execute

TO FUN VS. A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01635

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admirsion)
13AL/O, MARYLAND	o. STATE Mary and b. COUNTY Ann Avurde
b. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
CATONSVILLE 15 hrs.	Edgewater olx-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET APDRESS  e. IS RESIDENCE ON A FARM?
SPRING GROVES TATE NOSP	County Alms House YES NO
3. NAME OF DECEASED (Type or print) ROBERT Middle	YUNTER DEATH FEBY 1958
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 6. WIDOWED Z DIVORCED	DATE OF BIRTH  9. AGE (In years   FUNDER 1YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.    yrs.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Unknown	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unnown	. Un Kinowing
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unknown)   (If yos, give wol go dates of service)	indimaining shows the spitation record
UN KNOWN UN KNOWN	fine fruindel County Howe
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN CINSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	seme 7 days
DUE TO D	
Conditions, if ony, which) (b) Cardee (	ascular lenal
gove rise to immediate couse (a), stating the underlying DUE TO	diserio
couse lost. (c)	Usepse
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO P
206. EXTERNAL CAUSE WAS PRIMARY OF ORTRIBUTING CAUSE OF DEATH.	nter noture of injury in Part I ar Port II at item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stole)
Co. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE 19 Of While Not work of work of work 19 Of	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abor	ve, held an Autopsy , Inspection , Inquiry , and in my
opinion death resulted fram: Natural causes . Accident	
Opinion dealir resoned from: National causes [5], Accident	, Suicide, Hamicide, Undetermined manner
SIGNATURE LOS Jonkiester	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S CEO. S. M. KIEFFER M.	ASSISTANT MEDICAL EXAMINER 1 Jeff 1. 58
220 BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or county) (State)
Jurial 2/3/50 Lasheria	of to so all reference
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 318	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
10/01	TO POAIL

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BUREAU V. Z.

NDING PHYSICIAN:	by be retained and the hospital or attendin	TANCOAL DIDECTOR ACT.
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01636 165.5 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Baltimore b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville 9mths23dvs Arbutus, Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? SPRING ROVE STATE HOSPITAL 3613 Century Avenue YES NO T NAME OF First Middle 4. DATE Yeor (Type or print) Clarence Barry Hughes DEATH 1958 February S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months male whi te Days Hours DIVORCED | WIDOWED Jan. 11, 1888 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Maryland U. S. A. clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Hughes Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 705-03-663 HOSPITAL ves Records: SPRING GROVE STATE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute cardiac failure IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic cardiovascular disease Conditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying couse lost. Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes mellitus YES 🗍 NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c, TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Nat while of work at work 21. I certify that I attended the deceased fram.\_\_\_ 58, to. Feb. 4 19 58 that I last saw the deceased , and that death occurred a 10:15a M, from the causes and an the date stated above. Feb. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, townsor country) (State) FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

HYASORO STADRIVADA

OF SECONDARY SERVICE OF SERVICE SERVICES

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18												
		16	56	CERTIFIC	CATE OF DEATI	Н	R	eg. Dist. No.	1637				
	COUNTY Bal	timore		MARYLAND	o. STATE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY  Maryland							
	RURAL ond give ne Catonsvill			redys	Baltimore	outside corporate limi	ts, write RURA	L and give nearest	town)				
	OR INSTITUTION	AL (If not in hospitol, g	ive street oddres	o AT	d. STREET ADDRESS	ce Street			RESIDENCE ON A FARM?				
	NAME OF DECEASED (Type or print)	Fire	" ederick	Middle	losi Imfang	4. DATE OF DEATH	Month	Day 1	Yeor 19 5 <b>%</b>				
5.	male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE 3-I-I8 7583	pirthday) M	UNDER I YEAR IF I	UNDER 24 HRS. ours Min.				
10a	during most of worki	N (Give kind of work d ing life, even if retired) —Carpenter	0	of Business or ini en Contrac		or foreign country)  Marvls	ing	12. CITIZEN OF W					
13.	FATHER'S NAME Unknown				14. MOTHER'S MAIDEN I	NAME							
(Ye		RIN U. S. ARMED FORG If yes, give wer or dotes of se No Servic	ervice)		ecords: SPRIN	G G ROVE	Address STATE	HOSPITAL					
		TH [Enter only one color o	He	(o), (b), ond (c).]	ai lune				AL BETWEEN AND DEATH				
	Conditions, if on gove rise to in couse (a), stating the lying couse lost.	nmediote ( DUE TO	CHALL N	terios	cleratic a	disse	icula						
CATION	PART II. OTH	ER SIGNIFICANT CONI	DITIONS CONTR	IBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN	P	VAS AUTOPSY ERFORMED? S NO				
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While 1	OCCURRED 20e. Not while of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc	n, 20f. (City or town	)	(County)	(Stote)				
	21. I certify the alive an E	at I attended the	deceased from 1958		10	AM, from the candidates (Street, city) GROVE ST	causes and						

PHYSICIAN'S HUGU Catonsville 28, Maryland Esquibel

220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 2-7-±958 Cedar Hill Cem Ritchie Hgy 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Edward Toulson 2359 Wash Blvd Balto 30 Md

DATE

VS A15 (4) 15M 9/55

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		THE STATE OF	- STANFORD
C Will them St.	LANGE OF	ALVA BENEVE	St Designation
NOTICE TO THE PARTY OF THE PART		THE COURSE	
CONTRACTOR AND			

MASYRAM

#### 1657 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CIDY OR TOWN/(If outside corporate-limits, write RURAL and give nearest town) RURAL and give nearest town) shauld d. NAME OF HOSPITAL (IF d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle DATE Month Yeor DECEASED OF FSTHER (Type or print) DEATH ages EB 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months WIDOWED D DIVORCED yrs. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SIMON IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which (b) gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work p. m. of work 195 of that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote DATE SIGNED ACTUAL 0 PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) 0 240. REC'D BY REGISTRAR FEB 2 5 '58 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE VS A1S (4) 1124-26 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FEB 25 1959

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1658 **CERTIFICATE OF DEATH**  01639

1		
1	O. COUNTY BALTIMORE MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)     STATE     D     COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ATOMIC VIIIE  40 VRS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SOLD FREDERICK RD.	J. STREET ADDRESS  OLD FREDERICK RD, YES NO
3	3. NAME OF DECEASED (Type or print) ALFRED W, SESC	CHKE OF DEATH FEB, 3, 1958
5	6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  AUG-27, 1867  9. AGE (In years lost birthdoy)  Wonths Days Hours Min.
1	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  KETIRED MACHINIST CHARLES ZIES VS	1/6/
1	3. FATHER'S NAME  CARLE, JESCHKE	14. MOTHER'S MAIDEN NAME /
	Yes, no. or unknown)   (If yes, give wor or dates of service)	INFORMANT IR. CURT A.H. JESCHKE Address 205 OLD FREDERICK RD,
1	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	DE HURRION - INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate DUE TO	gelentic enanjo
	lying couse lost. (c) CAJEULRA	MISERICE -
)	CATIC	F NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
_	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram.	n occurred at DAM, from the causes and an the date stated above
,	ACTUAL SIGNATURE	ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.   DATE SIGNED  ADDRESS (Street, city or town, state)  DATE SIGNED
	PHYSICIAN'S LOLM H- Shaul	BRUT TS, MP
4	220. BURIAL, CREMATION, 226. DATE THEREOF, REMOVAL (Specify) FEBIGIST LOUDON F.	PR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  PRK BALTO, MP,
2	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS ATTEME FUNERAL DIRECTOR'S SIGNATURE	AUE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

by the funeral director, ad 2 should be filed with oth: Poge 4 DING PHYSICIAN: The low requires that the death certificate be executed within 24 h moy be retained the chaspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled page.

Poge that the regular prior to burial, cremation, or removal, and in any every within 72 haurs after death.

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TO HOSPITAL OR VS A1S (4) 1SM 9/S5 CERTIFICATE OF DEATH

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BUREAU V. E.

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Viola B. Johns, M.D.

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22b. DATE THEREOF

ore-Ty

e. IS RESIDENCE

ON A FARM? YES NO.

Year

19

INTERVAL BETWEEN ONSET AND DEATH

Lährs

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

5days

22d. LOCATION (City, town or county)

24b. REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

VOLL

Doy

0 VS A15 (4) 15M 10/57

NAME (Type)

220. BURIAL CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

RTARG TO STADRITHED

BUREAU V. S. FEB 13 1353

## Items 8.9 FilmG226 2-28-58 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) **SURAL** and give negrest town) ploods INGS 6 TrmoRE d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE DR INSTITUTION ON A FARM? BENGLES TOSECOOOD TEATHING CHOOL YES NO P 3. NAME OF Middle DATE Day Year (Type or print) DEATH 53 EBRUARY 1958 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH DIVORCED | WIDOWED [ FEMAL 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) MONE 13. FATHER'S NAME physician 15. WAS DÉCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RO DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m While Nat while at work at work 30, 195 P. 10 + 21. I certify that I ottended the deceased from 1958 that I last sow the deceased detached and that death occurred at 945PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL O PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF FUN 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) pode (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BURKAN K. E.

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may be retained. The hospital or attending physician.

The funes A first first certificate has been signed by the ottending physician and completely fille of the page. The following page of the first page of the first page of the first page. The prior is a first page of the first prior is a first page. The registrar prior is build, crematian, or remayal, and in any event within 72 hours after leath.

NDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

TO HOSPITAL OR

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	1661	CERTIFICATE OF DEAT
PLACE OF DEATH		2. USUAL RESIDENCE ()

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY	Baltimor	e	MA	RYLAND	2. USUAL RESIDENCE o. STATE Mary/			If institutio	n: Residenc	e before a	dmission)
	b. CITY OR TOWN (II RURAL ond give ne	outside corporate lim	its, write	c. LENGTH OF STA		c. CITY OR TOWN		porote limit	ts, write RL	JRAL ond gi	ve nearest	town)
	Cat	onsville		Ign 7 mo.	13L.	Baltin	nore		3	VO1-	LL.	
	d. NAME OF HOSPIT	AL (If not in hospitol, g	give street	oddress)		d. STREET ADDRE					e. 19	RESIDENCE
		Grove Star	te 40	spital		5016	Norwoo	od a	ive.			S NO
	NAME OF DECEASED (Type or print)	J. Cur		Mide	ile	lost Joyce	4. DATE OF DEAT		Mont Febr		Doy (5	Yeor 19 5 8
5.	SEX	6. COLOR OR RACE		IED NEVER MAR	RIED 🗍	B. DATE OF BIRTH		9. AGE	(In years			JNDER 24 HRS.
	m.	w	WIDOWE		CED 🔲	April 12/	1888	697	yrs.	Months 1	Days Ho	ours Min.
10a	. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (	State or foreign	country)		12. CITI	ZEN OF W	HAT COUNTRY?
	Salesi					New	York	U.S.	4.			
1	FATHER'S NAME					14. MOTHER'S MAIL	EN NAME					
	James L.					Anna	****	St St	ebbij	ns	bore	
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	10. 17. 1	NFORMANT			Addre		20.0	
1,	4.00	World way I	ervice) Z I	.9-60-81]	4 8	Blanche ,	Soyce -	-5016	Nor	wood	Ave.	
F	7	TH [Enter only one co	use per lir	ne for (o). (b). ond (	c).]							L BETWEEN
	PART I. DEATH WAS CAUSED BY:											
	33/X DUE TO C-erebro vaneu las accident											
ы	Conditions, if on			/:	0	ar térios e	1					
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	Lying cours lost											
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5	20g ACCIDENT WA	C LINIDEDI VINIC []	20h DEC	TRIDE HOW INTINE	OCCURRE	D (F.)	D		10.1		YES	NO
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DE30	CRIBE HOYV INJURY	OCCURRE	D. (Enter noture of injur	y in Part I or P	ort II of He	m 18.)			
WEDICAL	20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED	20e. PL	ACE OF INJURY (Home,	form, 20f. (C	ity or town	)	(Co	ounty)	(Stote)
ME CO	Hour a.m. p.m.	19	While at worl	Not while	10	ctory, street, office bldg.	., etc.)					
	21 I certify the	at I attended the	decease	ed from 911	14 2	3 , 19 <u>56,</u> 10	Tols	41	10 0	Ale - A. I. I.		
	alive an Fel	/	10 %	1	-							
	dive dil		, 12_5	, and the	ai deain	occurred at 2:	ADDRESS	am the c (Street, city	auses a	nd on the	e dote s	DATE SIGNED
	ACTUAL	As Dia		Frenk		. 2	C	S-L	1 41	iolej	CI	DATE SIGNED
	SIGNATURE	· Journa			-	M.D	21077	719	12 - 13	0-6:	Caro	N371165
	PHYSICIAN'S NAME (Type)	Isadora	۷.	lyerk,	7.0.	.======================================						M
220	BURIAL, CREMATION	. 22b. DATE THEREC	F	22c. NAME OF CE	METERY O	R CREMATORY	22d. LOC	ATION (Cit	y, town, or	county)		(Stote)
	Burial	2/20/19	58	Green	moun	t Cemeter	y Ba	ltimo	ore	Ma	ryla	17.00 14 3.5 44
23.	FUNERAL DIRECTOR'S	SIGNATURE	anna	COLAPDESS			REC'D BY REGI	-		TRAR'S SIGN		
E	llsworth A	Armacost-	4600		Hght	s. Ave.	B 2 0 '58	d	10/	~ /		
						1 -7 -85	10 L U JO		U.J.	aura		

MARIEAND STATE DEPARTMENT, OF DEALTH SALIMONE, 10 S.

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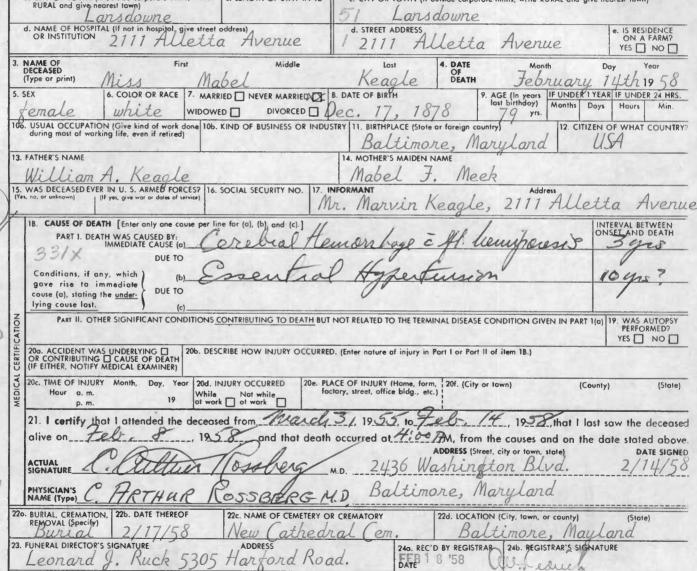
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PLACE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1662 CERTIFICATE OF DEATH Reg. Dist. Nd filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. SMaryland b. COUNTY Baltimore County MARYLAND b. CITY OR TOWN (If cutside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL ond give neorest town)
Catonsville shauld d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION The House In The Pines
To Fusting Avenue d STREET ADDRESS Jefferson Street NAME OF Middle Last 4. DATE Month DECEASED OF DEATH (Type or print) 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Male White WIDOWED T DIVORCED A November 16.1885 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Foreman of Elec. Cons Gas & E ectric Baltimore carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (unknown) Kelly certificate Unknown mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ferdinand P. Kellv. 10 West 23rd Street affending please 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Candia Vana las Ressas E. any Conditions, if any, which been signed gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost. **burial-transit** PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY remayal, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) as the 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) foctory, street, office bldg., etc.) Hour o. ft. While Not while D. m. of work of work 21. I certify that I attended the deceased from, 2-6-, 1958, that I last saw the deceased detached and that death occurred at 11.25 DeM, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL -9 P NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN 2-10-58 Loudon Park Cemetery Baltimore

IS RESIDENCE ON A FARM?

YES T NO T

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO D

(Stote)

DATE SIGNED

(Stote)

Year

19.58

Day

U.S.A.

Doys

(County)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATEFR 1 0 '58

9

23. FUNERAL DIRECTOR'S SIGNATURE

William Cook, Inc., 1217 St. Paul Street

Terestand of the State of the S LEB IO .o. 8 Elding cook, Euc., LES

		1		-
TO HOSPITAL OR ATSINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Beath. Page 4			page. Thould be detached for use as the burial-transit permit. Then please remave carbon papers. Pages Trand 2 shortd-be filed with	7
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e execu		and car	dod uoc	r deoth
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ith certif		ding ph	ase rem	in 72 ha
the dea		ne often	hen ple	ent with
res that		ed by 1	rmit. T	any ev
w requi	cian.	en sign	ansit pe	ond in
The lay	ig physi	e hos be	ourial-tr	emaval,
SICIAN:	attendir	ertificate	as the b	an, ar r
G PHYS	pital or	r this ce	for use	cremati
NIONS	he hosp	5R: Afte	tached	burial,
OR AT	peu	DIRECTO	d be de	prior to
SPITAL	oe retai	JERAL C	houl	Stror
TO HO	may be retained he haspital or attending physician.	TO FUL	page	the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

662	CERTIFICATE	OF	DEATH
00.5	CERTIFICATE	OF	DEAIL

Reg. Dist. No. ()1645

1.	o. COUNTY Baltimore	County		MARY	LAND	2. USUAL RESIG			l lived. If instituti b. COUNTY		nce befo	re admiss	ion)
	b. CITY OR TOWN (If	outside corporate lim	its, write	c. LENGTH OF STAY	N 1b				rote limits, write R	URAL ond	give nec	arest town	1)
т	RURAL ond give ne	orest town)		1 Yr. 3Mos.	ת ו				7	~ ,	9		
1	d. NAME OF HOSPITA	At (If not in hospital, o	ive street		L Da	d. STREET A	burgh		/-	A -	A	e. IS RES	IDENCE
_ m	OR INSTITUTION										24.0	ON A	FARM?
	he Sheppare			Hospital		7000000	00000	O CONTRACTOR	515 S	. Aik	cen	YES [	NO [
3.	NAME OF DECEASED	Fi	rsf	Middle		Losi		4. DATE	Mor	nth	Da	y	Year
	(Type or print)	Ber	t	Alco	rn	Ker	r	DEATH	Febru	ary	5		19 58
S.	SEX	6. COLOR OR RACE	7. MARI	RIED A NEVER MARRIE	D	B. DATE OF BIRTH	1		9. AGE (In years			IF UNDE	R 24 HRS.
L	Male	White	WIDOW	_	-	Sept. 1	0, 18	72	lost birthdoy) 85 yrs.	Months	Days	Hours	Min.
10	<ul> <li>USUAL OCCUPATIO during most of working</li> </ul>	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPL	ACE (State of	or foreign co	ountry)	12. CI	TIZEN C	F WHAT	COUNTRY
C	ivil Engineer Engineering					To	wa				T.S.	Λ	
13.	FATHER'S NAME		C-11			14. MOTHER'S		AME				Chag	
M	illiam Keri	r				Mae	Alcor	n					
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT			Add	lress			
L	No	ir yes, give wor or dollar or s	arvice)			Hospita	l Re	cords			100		
	Conditions, if on gove rise to in case (a), stoting t lying couse lost.	nmediate (	Ca	rcinome	Mi e	en unos	na Jeju	~~~	- Me	olast	OM	Ch	NE NE
FICATION	PART II. OTH	ER SIGNIFICANT CON	IDITIONS_	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PAI	RT 1(o) 1	PERFO	RMED?
CERTI	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of	injury in P	art I br Part	II of item 1B.)			YES	ио 🗆
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. II While at wor	Not while	20e. PL	ACE OF INJURY (I ctory, street, office	lome, farm, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
22	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	W. W. E	lgi ej	58, Cond that			bha	oness (si	reet, city or town ratt H	and an install		le state	ed above. ATE SIGNED 1958
	o. BURIAL, CREMATION REMOVAL (Specify)	225. DATE THERE	158	22c. NAME OF CEME Homewo					ion (City, town, ttsburgh		p	(State	e)
23	FUNERAL DIRECTOR'S	SIGNATURE	1 10 11	ADDRESS			24a. REC'D	BY REGISTE	RAR 24b. REG	STRAR'S SI	GNATUE	E	140
1	WM. J	. TICKNER	& SON	NS - Balto.	17.	Md.	DATE	FEB 1	0,20	wit.	KOWA		

HEMATO HOLEJANIHWEN STAN

BUREAU V. S.

FEB 10 1950

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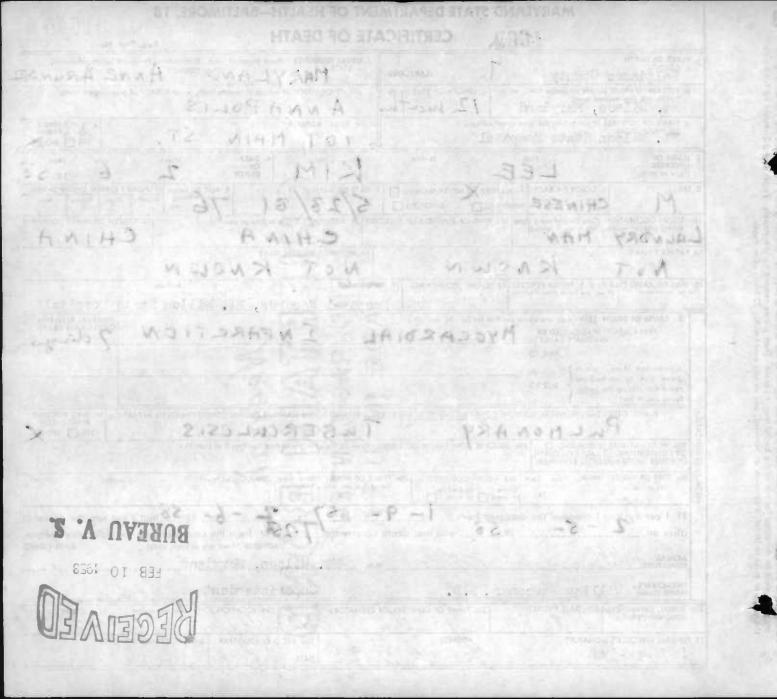
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WATER CHOOSE AND ADDRESS.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4)



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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Ba.	Ltimore	1666	MARYLAI	II O STATE	Marylar		I. If institution b. COUNTY	n: Residence t		
	b. CITY OR TOWN (If RURAL ond give new	outside corporate limi arest town) asville	its, write c. LE	NGTH OF STAY IN	1b c. CITY OF	TOWN (If out	tside corporote li				
	d. NAME OF HOSPITA		ive street oddres		d. STREET		LOCIES VII.	10		e. IS RESIDEN	JCE.
	OK INSTITUTION	House in					Bishop	Lane		ON A FAR	RM?
3.	NAME OF DECEASED (Type or print)	William Fir	McNair	Middle Kittre	Plant of the second	ost x	4. DATE OF DEATH	Manth	Feb. 1	Day Year	
5.	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED		TH TOOM	9. AC		Months Day	AR IF UNDER 24	
100	. USUAL OCCUPATIO					TO / /	· facelan acceptant		IN CITIZEN	105141111	
	during most of worki Presbyteria	ng lire, even it retired	)	or of Chu	14/2	ew York				S. A.	JNTRY?
13.	FATHER'S NAME				14. MOTHER	S MAIDEN NA	ME				
L		Joshia E. 1				Emma M	CNair				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	17. INFORMANT		A-1-1-1	Addre	5\$		
	No		074-	28-0387	Mr. W. M.	Kittre	edge 111'	7 Gary	Drive	Catons.	28
	PART I. DEAT  422./ Conditions, if an		Corel	hand/	combosis	vascul	on di	unal		NTERVAL BETWEED ASET AND DEA	ATH
ATION	gove rise to im code (o), stoting the lying couse lost.  PART II. OTH		)	BUTING TO DEATH	BUT NOT RELATED T	O THE TERMINA	al Disease Con	IDITION GIVE	N IN PART 1(c	PERFORME	D?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING  CAUSE OF DEATH AEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCL	JRRED. (Enter noture	of injury in Po	rt I or Part II of	item 1B.)		YES NO	) ET
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While N	OCCURRED 20e	e. PLACE OF INJURY foctory, street, offi	(Home, farm, ce bldg., etc.)	20f. (City or tov	wn)	(Coun	(Y) (S	Stote)
	21. I certify the alive on	to I oftended the	deceosed from 1958,		ath occurred a	1.10A,	M, from the DDRESS (Street, c	couses an	d on the	sow the decidate stoted a DATE S	abave.
L		OHN A. N	ESBIT	TJR	Ba	lterno	e 2.	Tury	loud		
220	REMOVAL (Specify) Removal	10/00/00/00		NAME OF CEMETER	Y OR CREMATORY Memorial	Park	New Han			(Stote)	
23.	FUNERAL DIRECTOR'S			Catonsvi			BY REGISTRAR	24b REGIST	RAR'S SIGNA	1	

TO HOSPITAL OR A SUING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after the page 4 may be retained be hospital or attending physician.

TO FUNITAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 mile be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/S5

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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1667 **CERTIFICATE OF DEATH**  Reg. Dist. No. 1649

		COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (W o. STATE	there decease	d lived. If institution b. COUNTY	n .	e before odm	
		o. CITY OR TOWN (IF RURAL and give need Ca to no	autside carporate limi arest town) VIIIe	ts, write	c. LENGTH OF STAY IN byr3mthlOdy		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant, Maryland					
1		OR INSTITUTION SPRING (R)	OVE STATE		oddress) SPITAL		d. STREET ADDRESS 6504 "E" Street  e. IS RESIDENCE ON A FARM? YES NOT					
		NAME OF DECEASED (Type or print)	Fii Ha	rrie	Middle E.		Lost Knauer	4. DATE OF DEATH	Man	th /	Day /	Year
	2											19 58
											Days Haur	
	10a	during mast at warks	ng life, even if refired	dane 10b.	. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State		ountry)			AT COUNTRY?
	12	Salewoma FATHER'S NAME	an				Illino			U.	S. A.	
	13.		T				14. MOTHER'S MAIDEN					
	-		Jetter	anna I.			Sar	a			4	
-	IS.	WAS DECEASED EVER	f yes, give wor or dates of s		SOCIAL SECURITY NO.	17. IN	ORMANT		Add	ess	1	
	4	no			Inknown	Rec	ords: SPRI	NG GR	OVE STAT	TE HO	SPITAL	,
				use per li	ine far (a), (b), and (c).]						INTERVAL I	
			H WAS CAUSED BY: IMMEDIATE CAUSE (o	) B	ronchopneum	onia					4 d	
1		491 X	DUE TO									
		Conditions, if an		)								
		gave rise to im cause (a), stating t										
	_	lying cause last.	) (c	)							4	
0	ō.	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WAS	S AUTOPSY FORMED?
	Ž.				rteriosclere							NO 🗺
	L CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		scribe how injury occ	CURRED.	(Enter nature of injury in	Part I ar Par	t II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yes	20d. I While at was	Not while	0e. PLAC	E OF INJURY (Hame, form ry, street, affice bldg., etc	m, 20f. (City c.)	or town)	(Co	ounty)	(State)
		21. I certify the	at I attended the	deceas	sed from Feb	. 4	, 1958 , to Fe	eb.8.	, 19 58	that I le	ast saw the	e deceased
		alive an Fe	b. 8,	_, 19_	58, and that a	leath (	accurred at 9:20					
		7		0					treet, city ar town,			DATE SIGNED
		ACTUAL SIGNATURE	runo	K	adaus	Ca M	D. SPRING	GROVE	STATE H	HOSPIT	AL 2	18/195
1		PHYSICIAN'S PHAME (Typo)	RUNO	RA	ADAUSK	A	Catonsvi.	lle 28	. Marylar	ıd		, <b>,</b>
	220	BURIAL CREMATION	I, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR			TION (City, town, o	or county)	(St	ate)
	1	DURTAL	12-11-1	958	SCHRISTCA	IUR	OH CEM	Ch.	INTON	,	-181	D.
	23,	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240. REC	D BY REGIST	RAR 24b. REG	TRAR'S SIGI	NATURE	
	1	V.W. CH	HMBERS	Co	5/7-11	- 5	TSE DATE	FEB 1	1 39	V-, 1-11	, , , ,	

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ERTIFICATE DE DEATH

# iNG PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed may be retained by the hospital or attending physician. NSTRUCTIONS

within 24 hours aft

with the registrar within 72 hours after filled in by the funeral director, the the

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed we certificate has been executed by the attending physician and completely fill death certificate assembly should be detached for use as a burial transit permit

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 1668 CERTIFICATE OF DEATH

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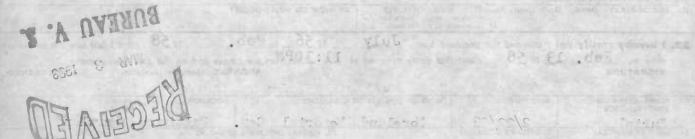
Reg. Dist. No.....

	em y riimbizzo	1-1-1-00 @ U	
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASE	ED
COUNTY Baltimore	MARYLAND	STATE Maryland COUNTY Ba	Ltimore
CITY (If outside corporete timits, write RURAL	LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give ne	
OR end give necrest town) TOWN Rel + 1 more	(in this place)	OR OR	
TOTT OTTIOL 6		bor or work	
HOSPITAL OR INSTITUTION OR		STREET (If rurel give location	)
STREET ADDRESS Of 1/ 10 -			
3. NAME OF (First)	(Middle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
DECEASED (Type or Print)		OF DEATH	
Narl Charles	Krok	owski Feb.	19, 19 58
5. SEX 6. COLOR OR 7. SINGLE, M	ARRIED, 8. DATE		ER 1 YEAR IF UNDER 24 HRS.
Male White (Specify)		une 11,1879 78 /// yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b.	KIND OF BUSINESS		12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY		COUNTRY?
retired) Oiler (	Copper Co.	Germany	II.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
177 7 7 77 7 7 7			
Ferdinand Krokowski  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	14 COCIAL GEOLOGY	Louise Nickel	
	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no or unk.) (If Yes, give wer or detes of service)	216-03 -0868	Ida Gable 9646 Alda 1	Dri va
	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA			ONSET AND DEATH
450 OIMMEDIATE CAUSE (A)	Senility and	cardiac arrest	
ANTECEDENT CAUSE(S) DUE TO	Arterioscle	nosis	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	AL COLLOSCIO	COSIS	
STATING UNDERLYING CAUSE LAST. DUE TO	Emaciation a	and degeneration with age	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
	NGS OF OPERATION		20. AUTOPSY?
			YES NO A
	Home, ferm, fectory, eet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Co.	unly) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
м.	While Not while et work		
22. I hereby certify that I attended the d	eceased from July	, 19.56 , to Feb , 19.58 , that	I last saw the dear
Feb 13 to 58		at 11:30PMem the causes and on the date state	i last saw the deceased
SIGNATURE , IY	and that death occurred		
h 11 X 11	16/0	ADDRESS (Street, city town, stete)	DATE SIGNED
French 1. Carek	M.D. 7	con Mayora Rd 174) Dull	2 2121N8
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY LOCATION (City, town, or coun	ty) (Sfete)
Burial 2/22/58	Moreland	Memorial Cem. Baltimore, M	aryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	TURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE FEB 2 8 '58	14	Wm. Cook - Blight, Inc. 60	009 Harford Rd
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. on - Tent, Inc.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1651 539 -3 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 33 YES NO DA NAME OF DECEASED DATE First Middle Last Month Year Day DEATH (Type or print) 1958 BRUAR 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Hours WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? FOREMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN SAME AS# 218-03-1209 aftending please IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Some DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED1 YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from 192 that I last saw the deceased and that death accurred at \_\_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL P PHYSICIAN'S NAME (Type) 220. BURIAL CRÉMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

**ADDRESS** 

24a. REC'D BY REGISTRAR

IN DALK ZI DATE FEB 2 4 '58

Min.

(Stote)

(Stote)

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 1SM 9/SS

REMOVAL (Specify) URIAL

23. FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATE OF DEATH

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BUREAU K. E.

FEB 24 1958

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CERTIFICATION

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ACTUAL M.D. VA HOSPITAL. FORT HOWARD MD. PHYSICIAN'S NAME (Type) CHIEN WEI LAN. M.D. HOWARD, MARYLAND 22d. LOCATION (City, town, or county)
Ritchie Highway, Baltimore, d. 220. BURIAL, CREMATION, REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY Glen Haven Cemeterv Buni 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE TO 1 0 '58 Cully (James) Funeral Home, 237 Patapsco St. Baltimore, 25, Md.

ative processor of the date stated above

ADDRESS (Street, city or town, stote)

Market Committee of the Committee of the

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ely filled by the funeral director, Pages 1 agd 2 should be filed with

ath. Page 4

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

	Reg. Dist.	No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before admission)
o. COUNTY BALTINA	a. STATE 1180 b. COUNTY	- 1110-
10AL/MORG	JAL	IMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest town)
DUNDALK	53 LINDALL	
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION	120	ON A FARM?
TOPIDALIRAL DLUD.	FUPPINIERL BLUD	YES NO D
3. NAME OF DECEASED First Middle	Lost 4. DATE Month	Day Year
(Type or print) (TAMAINC) SACOR TURNA)	LAURE DEATH ECO	2-
CHILDER STORD TILLER	GENISIO / CO.	2) 1908
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1)  Institution of the second of the secon	
MALE WIDOWED DIVORCED	NOV. 10.1876 21/45.	ays Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
during most of working life, even if refired)		
DHEARMAN STEEL	124610015	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
DRAPED LAWLIS	JAMANTHA VI KEN	1100
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. IN	NFORMANT Address	
(Yes, no. or unknown) (If yes, give wor or dates of service)	Las Man Pag	-R. A.
	RGAMA CAWLIS LOHDMIRAL	JUD.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	no tato	ONSET AND DEATH
IMMEDIATE CAUSE (o)		290
DUE TO		
Conditions, if any, which (b)		
gove rise to immediate		
lying source less		
(6)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
		YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH USE CITY OF CONTRIBUTION OF THE CON		
	ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	unty) (Stote)
Hour a. jt.  p. m.  19 While Not while to work at work	in the plage, etc.)	
	S1 3 27 6V	
21. I certify that I attended the deceased from.	1931, to 2-4, 195, that I la	st saw the deceased
alive on, 19, and that death	occurred at 2 M, from the causes and on the	date stated above
1 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS (Street, city or town, stote)	DATE SIGNED
ACTUAL DOUBLE SENTERING	2 Kinchin	7-29-1
SIGNATURE AT THE TOTAL AT THE PARTY OF THE P	M.D.	
PHYSICIAN'S TACK DO COLLARS	811+2.1	
NAME (Type) ACL COLLINS	13H61 62 Mal	
220. BURIAL, CREMATION, 226. DATE THEREOF / 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county)	(Stgte)
REMOVAL (Specify) MAN 2/30 Mar / 130	2 Cold Para Co	1
BUFIAL MINT SI ST CHALLANN	1 CTO 1 DAY 0 CO	1112.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	IATURE /

may be retained to the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 wild be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registrar priar to burial, crematian, ar remaval, and in any event within 72 trauss after death. TO HOSPITAL OR VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01655 1548 CERTIFICATE OF DEATH Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY COUNTY MARYLAND Baltimore Marvland timore b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Halethorne Yrs. Halethorpe d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 806 Francis Ave. 806 Francis Ave. YES NO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED Walter S. LeCompte (Type or print) DEATH February 1958 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours Min DIVORCED T Male White WIDOWED 21.1893 64 yrs. August papers. cample 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Self employed Real Estate Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter Stephen L. LeCompte Ida M. Jones mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 806 Francis Ave. Delilah E. LeCompte 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH ā PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO 0 any Conditions, if any, which gave rise to immediate per DUE TO coese (o), stoting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, 20d. INJURY OCCURRED Year (County) (Stote) foctory, street, office bldg., etc.) O. M While Not while of work of work p. m. MYY 21. I certify that Lattended the deceased fram. 19 12 that I last saw the deceased and that death accurred at 10 P.M. fram the causes and an the date stated above. ADDRESS (Street, city or flown, ACTUAL pe 0 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify)

25

ADDRESS

24g. REC'D BY REGISTRAR

246 REGISTRAT'S SIGNATURE

VS A1S (4) 1SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 14,22b TIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY filed b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Fort Howard 16 days should Severn d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Veterans Administration Hospital Rt 1 Bex 23 YES NO TO NAME OF 4. DATE Middle Month Year RAYMOND M (Type or print) T.H.H. DEATH February 19 58 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Dovs Male White WIDOWED [ DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Set up man Plastic Co. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John D. Ice Catherine ME.Wilt (Lee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Yes PL-28 214-28-6307 Clin.Rec. Vets . Admin. Hospital, Ft. Howard . Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY NEOPIASIA WITH METASTASIS un known IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which Ē gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH o MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Doy, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that Vattended the deceased from January 13 , 19.58, to February 1 , 19.58 months conscious constitutions AND CONTROL OF THE CO ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL M.D. VAH Fort Howard, Maryland P PHYSICIAN'S George McElfatrick, M.D. 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Swanton. Maryland. Burial 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Fredlocks Funeral Home, Piedmont, West Virginia.

and the second of the second . bd. frame B. Cf. insigned, place, rep. . ned mild . Tera-Mr. alt. Little doing the state of the same of the state of the st

FOR STATE HEALTH DEPT.

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FAEDICE EXAMINER: This certificate should be executed within 24 hours after death. If any deleve is need by please the certificate withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the forestand defended. Page be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be recorded for your files. AL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, ignated agent, prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

TO DEPUTY MEDI

4 sho 20

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01657

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
	o. COUNTY Solfinere MARYLAND	o. STATE Maryland b. COUNTY Balto.					
1	b. CITY OR TOWN (It outside corporate limits, write RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
ij	Cocheusvilles 3 months	X Cocheusvilla					
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS					
)	Padonia Road	Padonia VES NO X					
	3. NAME OF First Middle	Lost 4. DATE Month Day Year					
	DECEASED (Type or print)	LOO DEATH February 25 1958					
1	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. C	DATE OF BIRTH 9. AGE (In year) IF UNDER 1YEAR IF UNDER 24 HRS.					
	Vamele WHITE WIDOWED DIVORCED 1	an. 28. 1877 Sl yrs. Manths Days Hours Min.					
	100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY						
1	during most of working life, even if retired)	Baltimore NSA					
-		14. MOTHER'S MAIDEN NAME					
	Scheraed.	Wash server					
		ORMANT Address					
	[Yes, no, er unknown] [If yes, give wor or dates of service]	Virginia Seward.					
٦	18. CAUSE OF DEATH [Enler only one couse per line for (d), (b), and (c).]	INTERVAL DETWEEN					
÷	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OYONA:	er Cochisina ONSET AND DEATH					
	420.1 DUE TO 1/1/2/2010 SUBAREM						
	Conditions, if ony, which) (b) HyberTensive (ardin-Renal 10 7/15						
	gove rise to immediate couse (o), stating the underlying DUE TO	the de the field of s					
	couse last. (c) / 25CL	1/ar Disease					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
)	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO D					
	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 or Port It of item 18.)					
	G CAUSE OF DEATH.						
		OF INJURY (Home, form, 20f. (City or town) (County) (State) r, street, office bldg., etc.)					
	Hour o. m. p. m. 19 While Not white foctory of work of work						
	21. I certify that I took charge of the remains described above	e, held on Autopsy . Inspection . Inquiry . and in my					
	opinion death resulted from: Natural couses . Accident	, Suicide , Homicide , Undetermined monner					
	(A) MOTHER OF						
	SIGNATURE / Collect to annelly	M.D. CHIEF MEDICAL EXAMINER []					
0		ASSISTANT MEDICAL EXAMINER []					
H	EXAMINER'S DO YIES FO' DORNE!	DEPUTY MEDICAL EXAMINER 175-1/18					
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OR CO	REMATORY 22d. LOCATION (City, town, or county) (State)					
	Burial Felt 28/958 Loudon Park	Cemetery Baltimore - md					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					
	Henry W. Jenbins + Sons: Co. 4.905 Jez	Who of off B2					

BUREAU V. S.

8361 AS 834

DECENAED

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01658 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND FURAL off give neorest town) c. LENGTH OF STAY IN 16 c. LATY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR USSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Tous YES NO NAME OF DECEASED First Middle 4. DATE Month OF (Type or print) DEATH 19.5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days Hours WIDOWED TO DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KINDSOF BUSINESS OR INDUSTRY 11. BIRTHELACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even it fetired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Lams 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, | 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m While Not while of work of work p. m. 1957, 10 3-4 21. I certify that I attended the deceased from 11 ... 1952, that I last saw the deceased \_\_, and that death accurred at 41.57 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 229 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City Jown

245. REG'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

REMOVAL (Specify) MERCE &

23/FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. S. man manager & street

may be retained
TO FUNERAL DIRECT
Page The respect to the registrar prior to

VS A1S (4) 15M 9/5S

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1549 **CERTIFICATE OF DEATH**  01659

	707				Keg. Dist. 14	10.
1. PLACE OF DEATH  o. COUNTY		MARYLAN	II A STATE	Where deceased lived. If instit b. COUN		efore admission)
Beltimore			Maryland	Balti	more	
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write vn)	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (II	f outside corporate limits, write	e RURAL and give n	nearest town)
Arbutus		35 yrs.	5/ Arbutus			
d. NAME OF HOSPITAL (If no OR INSTITUTION	t in hospitol, give stre	et address)	d. STREET ADDRESS			e. IS RESIDENCE
1332 Stevens	a Ave.		1332 Stev	ens Ave.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ith E.Lir	neburg	lost	4. DATE OF DEATH Februs	Aonth ary 2,19	Day Yeor 958 19
5. SEX 6. COL	OR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEA	AR IF UNDER 24 HRS.
Female Wh:	ite wipo	WED DIVORCED	May 22,18	95 62 y	Months Days	s Hours Min.
100. USUAL OCCUPATION (Give	kind of work done 10	b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN	OF WHAT COUNTR
during most of working life. House work	even if retired)	Own home	Penn.			
13. FATHER'S NAME		7 11 110110	14. MOTHER'S MAIDEN	I NAME		
Samuel Will:	iams		Elizabet	h		
15. WAS DECEASED EVER IN U.		6. SOCIAL SECURITY NO. 1	7. INFORMANT	A	ddress	
(Yes, no, or unknown) (If yes, give	wor or dates of service)		Clifton Lin	eburg 1328	Stevens	Ave.
18. CAUSE OF DEATH [Ent	er only one couse per	line for (o), (b), and (c).]		1 5	IN.	NTERVAL BETWEEN
PART I. DEATH WAS	CAUSED BY:	Myocardia	1 THE	are from	O	SET AND DEATH
4420.1	DUE TO	100				1 Course
Conditions, if any, which	4.)		Netrinia di			
gove rise to immedia	te ( OUT TO					
lying couse lost.	<u>e</u>					
	(c)	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION (	GIVEN IN PART 1/a)	TIO WAS ALITOPSY
PART II. OTHER SIGN  20a. ACCIDENT WAS UNDER OR CONTRIBUTING  OR CONTRIBUTING  OF CONTRIBUT	is Ezs	tro-ento	v. FIE	MINTAL DISEASE CONDITION	SIVER IN TAKE 1(0)	PERFORMED?
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	RLYING   20b. D	7	RRED. (Enter noture of injury in	n Port I or Port II of item 18.)	E-7-1-11	
(IF EITHER, NOTIFY MEDICA	L EXAMINER)					
3 20c. TIME OF INJURY Mont	h, Day, Year 20d	. INJURY OCCURRED 20e	PLACE OF INJURY (Home, for		(Count)	y) (Slote)
20c. TIME OF INJURY Mont Hour a. m.	19 Whi	ite Not white	foctory, street, office bldg., e	tc.)		
		201	5. 5	1.16	SV -	
21. I certify that I at	tended the dece	ased from TLG-	19_2_, to	C		saw the decease
alive on	12	and that de	oth occurred at 100	P.M. fram the causes	and an the d	late stated abov
	10	90 L		ADDRESS (Street, city or tow	n, stote)	DATE SIGN
SIGNATURE OM	renille.	chedenson	M.D. 130)	Mancin (	we, 1	# 2/
PHYSICIAN'S NAME (Type)						. 2/4/20
	DATE THEREOF	22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOCATION (City, town	n, or county)	(Stote)
REMOVAL (Specify) 2	16/58	Loudon	Park	Baltimore	111	Mand.
23. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS	24a. RE	CO BY REGISTRAR TAB RE	GISTRAR'S SIGNAT	
ambrese Ire. 1.	328 Lule	heer Services	Ref DATE	EB 6 .28 M	februch	

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enter all relation from \$2500 for 15000. Life to the letter with a few regions of all of the		mean rant be	the off periods to be a first to de-
			BURLAU V. S.
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BUREAU V. S.

FEB 28 1958



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1675 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND M b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (It not in hospital give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MIDDLE RIVER RD YES NO T NAME OF Middle 4. DATE Day Year DECEASED (Type or print) DEATH 19.5 9. ACE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH Months Days Hours WIDOWED TO DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if setired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BLIVSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MRS, FERNE JAMISON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), one (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work of work D. m. 198 that I last saw the deceased 21. I certify that leattended the deceased from. alive on . and that death accurred at []\_M, from the causes and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Schaur mimoual ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

should be

0101 METALS STATE OF THE EEB 34 1828

Ruck Funeral Home, 5005 Harford Rd. Beltimore 14, Md.

e. IS RESIDENCE

Day

Hours

ON A FARM?

YES NO IX

Year

SEVERAL MONTI

PERFORMED?

YES NO

(State)

DATE SIGNED

(Stote)

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1958

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CERTIFICATE OF DEATH

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BUREAU V. S.

8361 FT 833



## FOR STATE HEALTH DEPT al director. Page ed for your files. Board of Health,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01663 16 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	1. PLACE OF DEAT	H			2. USUAL RESIDENCE (V	Where deceased lived	d. If institution: Reside	nce before admission)
	ø, COUNTY	BALTIN	MORE	MARYLAND	MAROCO 15	and	b. COUNTY	V
	b. CITY OR TOW	N (If outside corporate limits,	write RURAL C	LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside carporate li	imits, write RURAL and	give nearest fawn)
	1-1-	HSVI118			Balting.	NO 100	4,	3 VO1.4
	d. NAME OF HO	SPITAL OR INSTITUTION	N (If nat in haspite	al, give street address)	d. STREET ADDRESS	1001	7 1	e. IS RESIDENCE
0	CATON	KIDGE !	NURSING	a Home	1013/41	ydhilks	of St	YES NO P
1	3. NAME OF DECEASED	-	First	Middle	Last	4. DATE OF	Manth	Day Year
	(Type or print)	FR	EDERI	CK LOP !	-00M1S	DEATH	2	15 1958
	5. SEX	6. COLOR OR RA		NEVER MARRIED 8.	DATE OF BIRTH		(In years IF UNDER Manths	1YEAR IF UNDER 24 HRS. Days Haurs Min.
	MALA	UMITE	MIDOMED		142/187	3. 8	4 yrs. Mullins	Days Hours Min.
	10a. USUAL OCCUP duripen most af we	ATION (Give kind af wa arking life, even if retire	ark dane 10b. KIN ed)	D OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (State	or fareign country)	12. CITI:	ZEN OF WHAT COUNTRY?
	Plum	WER	Pha	inbing.	Ville	Cle		Lossa.
	13. FATHER'S NAM	EP			14. MOTHER'S MAIDEN N	NAME		
	Marre	, NOOM	15		unbleson	re,		
111	15. WAS DECEASED	EVER IN U. S. ARMED (If yes, give war or date		CIAL SECURITY NO. 17. IN	FORMANT	61	Address	0 , 1
10			1/2	0-18-47161	9-60pl	J. LOON	115-1017	heered licersta
		DEATH (Enter anly ane		(a), (b), and (c).]	6		7 . 0 /	MITERVAL BETWEEN ONSET AND DEATH
	PART I. I	DEATH WAS CAUSED BY IMMEDIATE CAUSE	(a) BBO.	MCHOPNIEL	MONIA			
V	400.	O DUE						
		f any, which)	(b)					
		nmediate cause ( he underlying ( DUE	TO					
	cause last.	)	(c)					
,		OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
4.	3 Subd	ural He	matom	A - Smal	1- KT	Side		YES NO
	20a. EXTERNAL PRIMARY O or CAUSE OF DEA	CAUSE WAS CONTRIBUTING	20b. DESCRIBE H	OW INJURY OCCURRED. (E	ter nature of injury in Pari	t I ar Part II af item	18.)	
	. A Laure	TH.	Fell	down	Stebs			
	20c. TIME OF I	NJURY Manth, Day,	0.1		E OF INJURY (Hame, farm ry, street, athce bldg., etc.	20f. (City or tawr	n) (Cau	nty) (State)
V	3 3 Hour o.	1-31	1958 While at wark	INDI MILITE	ome	1013	Lyndhurst	-BALTO
"	21. I certify	that I taok char	rge of the ren	mains described abay	re, held an Autaps	y 🔯, Inspect	ion [], Inquir	y , and in my
	opinian dec	ith resulted fram:	Natural cau	ses , Accident 5	, Suicide , I	Hamicide [],	Undetermined m	nanner 🗍
		0 ~	0					
7	SIGNATURE	Kussell	80	isher	M.D. CHIEF MEDICAL EX	AMINER M		DATE SIGNED
	EVALUATERIE	R	11 0		ASSISTANT MEDICA	AL EXAMINER		0 1/ 18
	EXAMINER'S NAME (Type)	MUSSI	6112	MISHER	DEPUTY MEDICAL	EXAMINER [	C	2-15 -50
	220. BURIAL, CREMA		REOF 22	C. NAME OF CEMETERY OR	REMATORY	22d. LOCATION LE	ity, tawn, or caunty)	(State)
0	MIRTO	1 4/81	1958 1	Dudan Pa	el Come	Mille.	-//100	
K	23 FUNERAL DIREC	TOR'S SIGNATURE	1 1-	ADDRESS	24a. REC'	D BY REGISTRAR	246. REGISTRAR'S SIG	NATURE
18	17.176	Uebback	-1300	Cutaes 0	Lleg DATE	FEB 2 5 '5	8 lelefe	duc i
-								

TO DEPUTY MEDITAL EXAMINER: This certificate should be executed within 24 hours after death. If any delt execute the certific. writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the 4 thauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be restored to the Chief Medical Examiner's Office along with form PM3. Page 5 may be restored to FUN. At DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Siland or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours often de-VS. A15ME 5M 2/57

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EEB 52 1828



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certificate

15M 9/55

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1.	PLACE OF DEATH  O. COUNTY  O. P. COUNTY	MARYLAND	2. USUAL RESIDENCE (When o. STATE		institution: Residence	before admission)	
-	b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tride corporate limits	write PIIPAL and air		_
	RURAL and give nearest town)	10 PAY'S			wille KUKAL Olid giv	e nearest town;	
	BALTIMORE	116	BALTIMOR	CE COI	X		
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION PRING STATE		8005 HIGH	POINT	RD/	e. IS RESIDENCE ON A FARM? YES NO	1
_	NAME OF First	Middle		4. DATE			=
	DECEASED	- 111	ACAPELI)	OF DEATH	Month 2	2 19 5	8
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 24 HRS	j.
	M WIDOWE		6-20-81	lost birth	yrs. Months De	ays Hours Min.	
10c	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	r foreign country)	12. CITIZI	EN OF WHAT COUNT	RY:
1	RETIRE DOLPBOREA		TTALY		JT A	L7	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			_
	SANTO MANACA	PELI	SALUTTIC	E (?)			
15. IYe	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT	0 0 000	Address	4 . 2 0	_
	TV R NOWN	44 R	S. LENA MANA	EMPELI	SOOS H.P	CINT RUAD	,
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CAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN	JURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form,	20f. (City or town)	(Co)	unty) (Stote	
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VS A15 (4) 15M 10/57

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HOUSE ARREST AND A COMMENT OF THE PROPERTY OF

BUREAU V. E.

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## CERTIFICATE OF DEATH 1680 directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should owson d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 00 NAME OF 4. DATE Middle OF DEATH DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER-MARKTED 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY M. BIETHPLACE (State or foreign country) during most of working life, even if retired) luco 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) erebro vascular DUE TO Anterio selenosis þ Conditions, if ony, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 1955 that I last saw the deceased 21. I certify that I attended the deceased from.\_\_ \_\_\_, and that death occurred at 16:36 A M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) 1014 St Paul St ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Jown, or county) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 1 666

Months

Doys

(County)

e. IS RESIDENCE

ON A FARM?

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Hours

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES NO NO

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DATE SIGNED

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VEZES

12. CITIZEN OF WHAT COUNTRY?

BUREAU V.

FEB 24 1958

01667 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) b. couBaltimore c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Battle Grove Circle YES NO Year 1958 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S. Karolina Hartel Address Marie Student Masek, wife, above INTERVAL BETWEEN ONSET AND DEATH 6 mos PERFORMED? YES NO (County) (State) 19 58 that I last saw the deceased , and that death accurred at 6 100 A.M., fram the causes and an the date stated above. 22d Ball Line to a cand (State) 24b\_REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR AZERDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer path: Page		rector	poge 3 weld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with	7	
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			MARYL	AND	STATE DEPA	RTM	ENT OF HEALTH	-BALTI	MORE, 18	3		
			1	550	CERTII	FIC/	ATE OF DEATH	1		Reg. Dist. 1	10() 1	CCO
1	1. [	PLACE OF DEATH	imore		MARYI	AND	2. USUAL RESIDENCE (Who. STATE		b. COUNTY	Residence b	efore adm	ission)
	1	b. CITY OR TOWN (I RURAL and give ne	f outside corporate limitarest town)	s, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o				nearest to	wn)
0		d. NAME OF HOSPIT OR INSTITUTION	S AL (If not in hospital, g	ve street o	oddress)		d. STREET ADDRESS	Drive				ESIDENCE A FARM?
	3. 1	NAME OF	Fie	t	Middle		Lost	4. DATE	Month		Day	Year
		DECEASED (Type or print)	Jan	es	Clarence	e	McDaniel	OF DEATH	Feb.		22	19 58
H	5. 9	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE		8. DATE OF BIRTH	9.	AGE (In years	FUNDER 1 YE		
	M	ale	White	WIDOWE		_	Feb. 2 1905		53 yrs.	Months Day	s Hour	s Min.
	10a	. USUAL OCCUPATIO	N (Give kind of work	lone 10b. I	CIND OF BUSINESS OF	NDU	STRY 11. BIRTHPLACE (Stole	or foreign coun	try)	12. CITIZEN	OF WHA	T COUNTRY?
	G	during most of working life, even if retired)  Grader operator  Construction			n	Virginia						
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			,	
1		John	Price McDar	iel			Lydia	McCormi	ch			
П			R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. E	NFORMANT		Addre	ss		
1	_	No		21	4-10-2725		Mrs. Helen Mc	Daniel	Sa	me as	above	9
		Conditions, if or gove rise to it couse (a), stoting lying couse lost.	the under-		- 1 PPO	701	ma (wear	ngu	PIORIS			
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į	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While of work	Not while	20e. PL. fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or	town)	(Coun	(y)	(Stote)
1		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at lattended the server of the	decease Pas		death	, 1957, to 3 occurred at 11 P, M.D. 400		ne causes and the cause an	d on the	late sta	ted abave.  DATE SIGNED  2-23
		REMOVAL (Specify) Removal FUNERAL DIRECTOR	Feb.23 1	958 958	ADDRESS		rial Ground		N (City, fown, or nggold V R 24b. REGIST			ote)
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BUREAU V. S.	
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Item 13, Film G-226 3/4/58 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed b. COUNTY MARYLAND ALTO b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURADand give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES INO DA NAME OF First Middle 4. DATE Year DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER 1 YEAR IF UNDER 24 HRS. ast, bigthday) Months Days Hours Min. DIVORCED T popers. WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) VSTEI ō 13! FATHER'S NAME 14. MOTHER'S MAIDEN NAME Selby IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) OUK **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? NO-20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED! (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURREN Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0. (). Not while at work of work 21. I certify that I attended the deceased fram the SB that I last saw the deceased alive an and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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John A. Moran, 3000 E. Baltimore St., Balto. 24, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Page 4	eral director	ER
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IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATTANDING PHYSICIAN: The law requires that the death certificate be executed within 24 haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 sold be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/S\$

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1. PLACE OF DEATH 6. COUNTY Baltimore			MARYLAND	- 11	usual RESIDENCE (Who, STATE Maryland		If institution. COUNTY		imore	
b. CITY OR TOWN (If		ls, write	c. LENGTH OF STAY IN TE	6	c. CITY OR TOWN (If o	outside carporate lin	nits, write R			
RURAL ond give neo	rest town)			5	/ Arbutus, 2	29. Md.				
d. NAME OF HOSPITAL	L (If not in haspital, g	ive street o	address)	1	d. STREET ADDRESS			100	e. IS	RESIDENCE ON A FARM?
Relay Hill				1/2	321 Alan Di	rive,				S NO Z
3. NAME OF DECEASED (Type or print)	William			McGı	lost AW	4. DATE OF DEATH	Feb.	20	Day	Year 158
5. SEX Male	6. COLOR OR RACE white	7. MARR	DIVORCED		25-1894	9. AG last 63	E (In years birthday) yrs.			UNDER 24 HRS.
	N (Give kind of working life, even if retired USINESS	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	Baltimore	ar fareign country)  Md			S.A.	HAT COUNTRY
13. FATHER'S NAME				1.	4. MOTHER'S MAIDEN N			200		
Benjamin Mo	cGraw				Emma Oexix	XXX Oes	treic	h		
1S. WAS DECEASED EVER [Yes, no. or unknown] (If	IN U. S. ARMED FOR yes, give wor or dates of s		8-01-2125 D	ugh	iter: Mrs.	John Boon	e <sub>Pikes</sub>	"Hawt	horne	Ave;
PART I. DEAT	H WAS CAUSED BY:	)	e for (o), (b), and (c).] Cerebral her	HULL	0.0000				INTERVA	AL BETWEEN AND DEATH hours
Canditians, if any		H	ypertensive 1	hear	t disease				seve	ral yra
gave rise to im coese (a), stating th lying cause last.										
			y thrombosis	BUT NO	T RELATED TO THE TERMI	INAL DISEASE CON	DITION GIV	EN IN PART	PE	VAS AUTOPSY ERFORMED? S NO 🔀
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCUI	RRED. (E	nter nature af injury in (	Part I or Port II of i	item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	While	NJURY OCCURRED 20e. Not while t ot work	PLACE factory	OF INJURY (Hame, farm, street, affice bldg., etc.	, 20f. (City or tov	vn)	(Co	ounty)	(State)
21. I certify that alive an2:3		decease	ed fram Nov 10			M, fram the	causes a	ind an the		the decease stated abav
ACTUAL SIGNATURE	Euro !	R.	Yembry	M.D.	Relay, 27,	Md.				
PHYSICIAN'S NAME (Type) I	ewis P. Gu	ndry	N.D.		. =					
220. BURIAL, CREMATION REMOVE THE	2-24-5	8	22c. NAME OF CEMETERY St Marga:			22d. LOCATION (		or county)		(State)
23. FUNERAL DIRECTOR'S Howard H		d 41	ADDRESS .07 Wilkens	Av		D BY REGISTRAR	0. /	STRAR'S SIGN	9	

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Sterages 18 . St-98 Carpets

Howard H. Rubberd 4107 Wilkens Ave. | San to

FEB 24 1958

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## may be retained b. ... haspital ar attending physician. TO FUNITAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled on the funeral director. page 3 gold be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any every within 22 haurs after death. th: Page 4 NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1684

01673 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY BOLTIMORE MARYLAND	O. STATE MARY JOIN d. B. COUNTY PATTIMORE
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
4307- Fordham Rd.	51 ARKITUS
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
OK INSTITUTION	4307- FORdham Rd YES NO B
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) POBER Elmer M	E GREGOR DEATH 2-5- 1958
S. SEX 6. COLOR OR RACE 7. MARRIED TEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Doys   Haurs   Min.
male while WIDOWED   DIVORCED	HDRILG. 1889 6845.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU! during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
Salesman Aulomobile	Matyland USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cloba M= GREGOR	DORRIE WARTMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes no. or whinown) 1 (If yes, give wor or dates of service)	NFORMANT Address Address
No - Le	struck E.M. Spear - totalism ad.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Orienos Clurot	ONSET AND DEATH
4221 DUE TO	- Company Company
Canditians, if any, which )	
gave rise to immediate	
lying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO TO
	D. (Enter nature of injury in Part 1 or Part II of item 18.)
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH   206. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING   CAUSE OF DEATH   206. DESCRIBE HOW INJURY OCCURRED OF DEATH   206. DESCRIPTION OF DESCRIPTION	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour a. m. While Not while for	ctory, street, office bldg., etc.)
p. m. 19 of work of work	1-3
21. I certify that attended the deceased fram.	1913, to 720,3, 19 Jo, that I last saw the deceased
alive an, 19, and that death	accurred atM, from the causes ond on the date stated abave
ACTUAL / Sale DIVERS MILL	ADDRESS (Street, city agrawn, stote)  DATE SIGNED
SIGNATURE COST JOSO JULIA	M.D. 4001 CU CURSUS CUPT J-J8
PHYSICIAN'S I, EARL PASS, M	D Bolo 29 Mill
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	
BURIAL 2-8-58 TRINITY	Cemelery ST. Marrys City Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
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TO HOSPITAL OR A VS A15 (4) 15M 10/57

BECEIAED

BUREAU V. S.

FEB 11 1959

FOR STATE HEALTH DEPT.

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VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1686

Reg. Dist. No. ()1675

1. PLACE OF DEATH	Baltimore	1036			2. USUAL RES	IDENCE (V	Vhere decease	ed lived. If instit		ence bel	fore odm	ission)
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b. CITY OR TOWN II     ond give necrest town	Il autside corporate limits, writ n)	RURAL	c. LENGTH OF STAY II	N 1P	c. CITY OR	TOWN (IF	outside corp	orale limits, write	RURAL on	d give n	earest ta	wn)
	Essex				54	Ess	ex 🔐	S 5 7	£			
d. NAME OF HOSPIT	TAL OR INSTITUTION (	If not in has	pitol, give street oddress	)	d. STREET	DORESS	13	PA BASIA				ESIDENCE
608	Dorsey Ave.				608	Done	ey Ave	12.00				A FARM?
3. NAME OF	Fir	1000	Middle		Lost	The same of the sa	4. DATE	Mon	th.	Davi		17
(Type or print)		Milli			200		OF DEATH	Februar		Doy		9 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	£ 8.	DATE OF BIRTH		2 4 -	9. AGE (In years	IF UNDER	TYEAR		ER 24 HRS.
Male	White	WIDOWED	DIVORCED [		July :	1917		40 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS OR II	NDUST	Y 11. BIRTHPL	ACE (State	or foreign co	ountry)	12. CIT	ZEN O	F WHAT	COUNTRY?
Mechan		A	ir Craft		Wes	st Vi	rginia			U.S.	.A.	
13. FATHER'S NAME					14. MOTHER'S		-		1	000		
Maranth	us McMillio	on					Schaff	er	•		A.,	
15. WAS DECEASED EN	/ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT			Addres	\$			4.7
Yes	wwll	23	5-20-1253	OV	id McMi	llion	13003	Freelar	nd Rd.	Roc	kvil	lle, M
18. CAUSE OF DEA	ATH [Enter only ane cal	use per line l	far (o), (b), ond (c).]						1	INTER	EVAL BETWE	Eth
PART I. DEA	TH WAS CAUSED BY:	10		1	00	00				ONSI	T AND DEA	ATH P
420.1	IMMEDIATE CAUSE (a)	1	mary		100	clu	210	>		12%		cr.
1 100	DUE TO		/				1999					dist.
Conditions, if a			•									
(a), stating the												
couse last.	) (c)											
PART II. OTI	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 1	9. WAS	AUTOPSY RMED?
34										1	YES 🗍	NO [7]
200. EXTERNAL CA	USE WAS . 20	b. DESCRIBE	HOW INJURY OCCURE	ED. (Er	iter nature of in	jury in Port	I or Port II	of item 18.)				4-
PRIMARY Or CO	NIKIBUTING CI											- 9
20c, TIME OF INJU				PLAC	E OF INJURY (F	fome, form	20f. (City	or town)	(Co	unty)		(Stote)
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		of the r	emains described	oboy	e. held on	Autopsy	v 🗀 In	spection/	Inqui	ry P	Gn.	d in niy
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opinion deals	resoried from: 1	AGIOLOL C	ouses Accid	engy	T, Soicide		domicide	, Under	ermined	monne	er 📙	
ACTUAL (	12.61	1	llum								DATE S	IGNED
SIGNATURE	saer c	La	rung		_M.D.		AMINER [	21 4 7		a		
EXAMINER'S NAME (Type)	JACK	0 C	Ilins				AL EXAMINER			d	. 17	258
220. BURIAL, CREMATIC	ON. 226. DATE THEREC	OF	22c. NAME OF CEMETER	RY OR	CREMATORY		22d. LOCAT	ION (City, town,	er county)		(State	e)
Removal (Specify	2/18/58	3.	Hillsboro	Cer	neterv		Pocah	ontas Co	. Wes	t Vi	rgir	nia
23 FUNERAL DIRECTO	Joseph Serie	4	ADDRESS			240. REC'S	BY REGISTA		ISTRAR'S SIG	-		
James J.	Brundzinski	1407	Eastern Av.			DATE	FEB 1 9	'58 0	Ulad	22101		
	/		Eastern Av.	A-		DAIL			11-10		_	

. L. Den Law - Pro-St Dio Little Deno. Lawrence - Bank Participate [1] paper = 550 pertications are in infragery salar and affect, The state of the s EEB 10 1028 

01674 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write KURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO. NAME OF First Middle 4. DATE Lost Month Day Year (Type or print) DEATH 19.5 For 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. 2 with the Months Days Haurs Min. Male WIDOWED | DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CONSTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ARMED FORCES? B. MCMULLEN - SAME 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse buriol **DUE TO** (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20 PERFORMED? used YES 🗖 NO -20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of injury in Part I or Part II of item 18.) pe 20c. TIME OF INJURY Month, Day, Year 208. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, inclose, street, office bldg., etc.) 20f. (City or town) (County) (Stote) Not white While 3 of work of work 21. I certify that I tack charge of the remains described above, held an Autapsy [], Vinspection Inquiry and find that to the Chief / death resulted from: Natural causes Suicide X, Accident Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE RAL ASSISTANT MEDICAL EXAMINER eq DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22c. NAME lown, or county) (State) 0 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D 8Y REGISTRAR REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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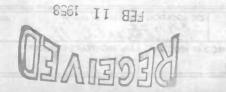
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1637 **CERTIFICATE OF DEATH**  01676

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAN	11 0 5	TATE	(Where decease vland	d lived. If instituti b. COUNTY		efore admis	ssion)
b. CITY OR TOWN (IF RURAL ond give ne	outside corporate limit orest town)	s, write c. LEI	NGTH OF STAY IN 1		timore	If outside corpo	prote limits, write R	URAL ond give	nearest tow	rn) 4
OR INSTITUTION	AL (If not in hospitol, g Stevens Nu:		•		TREET ADDRESS. Edgewo		et-forme	rly	ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin BERT		Middle E.	1/15	Lost RTZ	4. DATE OF DEATH	Mar Feb		Day 28	Year 19 58
5. SEX	6. COLOR OR RACE	20.0	NEVER MARRIED		OF BIRTH	1	9. AGE (In years last birthday)	IF UNDER 1 YE	AR IF UND	
Female	White	WIDOWED KIK	DIVORCED	Oct.	15, 18	81	76 yrs.	Months Day	rs Hours	Min.
10a. USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired)	lone 10b. KIND (	OF BUSINESS OR IN	IDUSTRY 11.	BIRTHPLACE (St	ote or foreign o	ountry)	12. CITIZEN	OF WHA	T COUNTRY?
Housewife 13. FATHER'S NAME					Baltimo: OTHER'S MAIDE		yland			
	rles Lipper				lizabet	h Henne	cker			
15. WAS DECEASED EVER [Yes, no. or unknown)	IN U. S. ARMED FOR			Mrs. B		Auer.	Add Jr2131		and Ro	oad #f
Conditions, if on gave rise to in cotte (a), stating t lying couse last.  PART II. OTH	he <u>under-</u> ER SIGNIFICANT CONI	DITIONS CONTRI	BUTING TO DEATH			710			PERF	h
OK CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER)		lot while		NJURY (Home, feet, office bldg.,		y or town)	(Cour	ty)	(State)
actual signature Physician's NAME (Type)	or I attended the 28 58 Brand HowarD	719 H, W	am Jan , and that dec MARNEN		1952, 10 ed at 19 2604/6	4 7	n the causes of treet, city or town,		date stat	
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	3/3/58		oudon Par				TION (City, town, timore, 1		(Sto	te)
23, FUNERAL DIRECTORS	SIGNATURE CONTROL	for	ADDRESS Balto	17,7	24a. R	EC'D BY REGIS		STRAP'S SIGNA		

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PERFORMED? YES T

(Stote)

DATE SIGNED

(State)

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1958

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, 1690 CERTIFICATE OF DEATH Reg. Dist.	No. ()1680
1. PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence to o. STATE MARYLAND b. COUNTY	befare admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)	nearest tawn)
COCKEYS VILLE 4 YEARS BALTIMORE 3VE	21-4
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MASSING ITOME  d. STREET ADDRESS 1324 EUTAW PLACE	IS RESIDENCE     ON A FARM?     YES    NO     NO     NO     NO     NO     NO
3. NAME OF DECEASED (Type or print) FLORENCE BOND MITTEN 4. DATE Manth OF DEATH FE B	Day Yeor 6 1958
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years last birthday)   Months   Do	EAR IF UNDER 24 HRS.  193 Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar fareign cauntry)  HOUSEWIFE  12. CITIZEI  MARYLAND	U. S
13. FATHER'S NAME TOHN BOND 14. MOTHER'S MAIDEN NAME RACHEAL A.C. HOB	33.5
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17_INFORMANT PRODUCTION OF THE PRODUCT OF SOCIAL SECURITY NO. 17_INFORMANT PRODUCT PR	wille me
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO - SCLEROTIC CARDIO	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gave rise to immediate cause (a), stating the under-	4 MONTH
lying cause last. (c)	10 WAS AUTOPSY
	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year Haur a. m.  19 While at work at work.	
21. I certify that I attended the deceased from 12-13, 1954, to 2-5, 1958, that I las alive on 2-5, 1958, and that death occurred at 99. M, from the causes and on the ADDRESS (Street, city or tawn, state)	
SIGNATURE Walter 1. Les M.D. Corkeywelle Md.	2/6/58.
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION. 22b. DATE THEREOF Feb. 8,1958   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, fown, or county)   Baltimore, Mary:	(State)
23. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc.  ADDRESS  1217 St. Paul Street  DATE FEB 1 0 '58  ADDRESS  DATE FEB 1 0 '58	/

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55 90

		MARY	LAND	STATE DEPART	MENT OF HEALT	TH-BAL	TIMORE, 1	8			
		}	169	CERTIFIC	CATE OF DEAT	ГН		Reg. Dist	t. No.	01	682
1.	PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (	Where decease	ed lived. If institution b. COUNTY			odmiss	ion)
		If outside corporate limi	its, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (I	If outside corp	orote limits, write R	URAL ond gi	ive near	est town	1)
	KOKAL ONG GIVE II	ediesi iowiij			Baltimor	e 17		3 VO	1-	1	
	d. NAME OF HOSPI OR INSTITUTION ATMACOS	Nursing Ho		oddress) L2 Regester A	d. STREET ADDRESS				e		IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Fig		Middle	lost	4. DATE OF DEATH	Man		Day		Year
5.	SEX	GERTRUI		IED NEVER MARRIED	MORRIS	) DEATH	9. AGE (In years	IF UNDER 1	YEAR		19 58
			WIDOW			70	lost birthdoy)		-	Hours	Min.
	Cemale	ON (Give kind of work			Dec. 20, 18 DUSTRY 11. BIRTHPLACE (Sto		79 yrs.	12 CITI	7ENLOE	WHAT	COUNTRY
	during most of wor	king life, even if retired	)	KIND OF BOSHNESS OK HA			.0011177	12. Сп.	ZEN OF	WHAI	COUNTRI
	FATHER'S NAME				Missouri 14. MOTHER'S MAIDEN					-	
	Edward Mor	mi e			Celia Sn						
L		ER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO. 117	INFORMANT	Ager.	Add				
ĮΥ	s, no or unknown)	(If yes, give war or dates of s	ervice)	JOEIAL JECORITI 110.	Mrs. Isaac B	onogoh					
	Tan CAUSE OF DE	ema fo			FITS. ISAAC D	enascn	- 1452 1	ark At			
		ATH LEnter only one co	use per li	ne far (a), (b) and (c).]		^			ONSE	T AND	DEATH
	221151	IMMEDIATE CAUSE (o	A -	igen will	east failur	2			7	. ye	eers
	2341	DUE TO	ay.	larctions		. 0				/	
	Conditions, if o		1/4	evere Cent	oral Oliflee	rele	elli				
	lying couse lost.	the under-	, K	ronches pu	emmin				1	2co	cel.
N O	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19	. WAS A	AUTOPSY
3	491	X									NO 🗌
CERTIF	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury i	in Port 1 or Po	rt II of item 18.)				
3	20c. TIME OF INJUR	RY Manth, Day, Ye	or 20d. It	NJURY OCCURRED 20e.	PLACE OF INJURY (Hame, fa	rm, 20f. (Cit	y or town)	(Co	ounty)		(Stote)
WEDICA	Hour o.m.	19	While of world	Not while	factory, street, office bldg., e	etc.)					
_	Δ.	- 4 1 6 44 4 40 -		10	5-105/	-111	4				
	11/16	nat Lattended the			5 60 19 36 to	4	May, 19/ 1				
	alive on		, 19_	$L_{q}$ , and that dea	th occurred at		m the causes a street, city or town,		e date		
	ACTUAL SIGNATURE	1 Ham	ben	igent.	_M.D. 1001 PHD	anl &	1. Brilt	Ilian II	2	30	Leb's
	PHYSICIAN'S NAME (Type)	rus P. Ha	mhi	itget Ir.			, ,				
22	BURIAL, CREMATIC REMOVAL (Specify)	1 1 1 1 1 1 1 1	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	or county)		(Stote	e)
	Cremati FUNERAL DIRECTOR			Green Mount	OZ 0314		alto., Md				
23	JAMES DIRECTOR	S SIGNATURE NO AS	Ch V	ADDRESS 15	10 0 17 17 X 240. RE	C'D BY REGIS	TRAR 246. REGIS	STRAR'S SIGN	MATURE		
_	Juni J	- Juni	~	secon 12	OCTO / MONTE	158	Pool		/		
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Reg. Dist. No.

)			5	£1	-
1	VS	A	15	(	4)
	15/	W	10	1/5	57

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDE	NCE (Where decease		on: Residence	before odmissio	on)
Baltimore		MARYLAND	O. STATE	Maryland	b. COUNTY	Harf	ord	
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town)  Catonsville	c. LENGTH OF 2yr6mth	- 1		ford, Mar	- "	URAL and give	-	\
d. NAME OF HOSPITAL (If not in hospital, gir OR INSTITUTION			d. STREET AD	fore, Md.			e. IS RESII	FARM?
SPRING GROVE STATE	HOSPITAL		MITTOE	1016,			YES	но 🗆
3. NAME OF First DECEASED (Type or print) Harve		Middle furner	Morr	1S 4. DATE OF DEATH	Mon Febr	uary 1	7	eor 9 58
	7. MARRIED NEVER A	AARRIED	B. DATE OF BIRTH	1800	9. AGE (In years lost birthdoy) 58 yrs.	IF UNDER 1 Y	EAR IF UNDER	Min,
10a. USUAL OCCUPATION (Give kind of work diduring most of working life, even if retired)				CE (Stote or foreign or Land	1		N OF WHAT	COUNTRY
13. FATHER'S NAME			14. MOTHER'S A					
Unknown			Unkn					
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no. or unknown)   (If yes, give wor or dates of set		Y NO. 17. IN	FORMANT		Add	ress		
NO 18. CAUSE OF DEATH [Enter only one cou	Unknown	1	cords: S	SPRING GR	OVE STAT	E HOS	PITAL	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying couse lost.  (c).	Arteriosc	Lerotic	cardiova				ONSET AND I	
PART II. OTHER SIGNIFICANT COND 473X	Pneumon:		NOT RELATED TO T	HE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(	19. WAS A PERFOR YES	MED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJU	JRY OCCURRED	). (Enter noture of i	injury in Port 1 or Po	rt II of item 18.)			
20c. TIME OF INJURY Month, Doy, Year Hour a. m, p. m. 19	20d. INJURY OCCURRE While Not while at work 01 work	D 20e. PLA foc	ACE OF INJURY IHO tory, street, office b	ome, form, 20f. (Cit oldg., etc.)	y or town)	(Cou	nty)	(Stote)
PHYSICIAN'S Stella Wad	1958, and a clister	·	o.b. SPR.	ING GROVE	m the causes of treet, city or town, E STATE	nd on the stote) HOSPIT		d abave
220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Spacify) 2-15-5	and the second	PAUL	CEM,	PYL	TION (City, town, of	. 4 4	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE	un Steer	railely	il	ATEFR 1 0 150		TRAR'S SIGN	ATURE	



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Table 12 Parties	Mercinen Ein	ahConverso Mathoritas Molley nollida
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01/101/21/21	ACTUAL STREET	

BUREAU V. FEB 13 1828

requires that the death certificate TO FUN 01686

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Balto.

e. IS RESIDENCE ON A FARM? YES NO

Yeor 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

BY: EE (o)	more to to to monary Thrombosis	ONSES AND DEADULY
E TO	Cardio-Vasculor Renal Nisease	10 415
(b) E TO	Lypertension	101115
(c)	CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	10110 WASAUTOPSY

PERFORMED? YES NO

that I last saw the deceased fram the causes and an the date stated above.

220. BURIAL CREMATION.

Home

22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Cathedral Cem.

Catonsville

22d. LOCATION (City, town, or county) Balto.

(State) Md.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fulleral

REMOVAL (Specify)

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

AND THE RESIDENCE OF THE PARTY FEB SA 1958 BECENE

e funeral director, auld be filed with

death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 1SM 9/55

1. PLACE OF DEATH O. COUNTY BOLLY.	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE war yland		ce belore admission) timore
b. CITY OR TOWN (If outside corporate limits, we RURAL and give negrest fown) Phoenix F. Dance	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate P.O.		give nearest town)
d. NAME OF HOSPITAL (II not in hospital, give single or institution Longhore C		d. STREET ADDRESS /Longmore Circl	е	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELIZABE	TH. C. Nic	Lost 4. DATE OF DEATH	Month FeB.	Day Year 23 1958
	MARRIED HEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH, 1919	9. AGE (In years left UNDER lost birthday) 3 8 yrs. Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own Home	New Jersey		IZEN OF WHAT COUNTRY
13. FATHER'S NAME Albert Pharo		Ellen May McI	ongall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  [If yes, give wor or dotes of service]  None		nformant obert H. Nichols	Address son Phoenix,	Md.
1B. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last.  (c)	Parcinena J B	react, Methods		INTERVAL BETWEEN ONSET AND DEATH
Š		NOT RELATED TO THE TERMINAL DISEAS  D. (Enter nature of injury in Part I or Part		1 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 2: Hour o. m.	0d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City street, office bldg., etc.)		County) (State)
ACTUAL Manel &		occurred at 7250 M, frai	the causes and on the causes and on the treet, city or town, state)	
PHYSICIAN'S DANIEL  220. BURIAL, CREMATION, CP. C.	22c. NAME OF CEMETERY O		TION (City, town, or county)	(Stote) aryland
23. FUNERAL DIRECTOR'S SIGNATURE John Burns! Sons. T	ADDRESS Owson. Marylai	24a. REC'D BY REGIS		

1328

to the little of the board to the

BILINOMITIAE WIATH OF HIALE SALTIMORE, IB

The High School and American Section 1975 and the Section 1975.

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CERTIFICATE OF DEATH



LEB 38 1828



## DEPT.

r MEDIC EXAMINER: This certificate shoul the certificate, writing the word "pending" in be forwarded to the Chief Medical Examine AL DIRECTOR: Page 3 should be used as a lisignated agent, prior to buriof, cremotian, execute 4 sho TO DEPUT VS. A15ME

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y, pleose	n pencil in Item 18. Give Pages 1, 2, and 3 to the f al director. Page mm	yaur files.	d of Health,		in the same of the
ow is nec	al dir	od for	ote Boar	orh.	
any delo	o the f	be re	h the Sto	ofter dec	
death. If	2, and 3 t	ige 5 may	and 2 wit	or removal, and in any event within 72 hours after death.	
urs ofter	ages 1, 2	P.M.3. Po	oges 1 c	nt within	-
in 24 hor	Give P	ith form	t. File	ony ever	
oted with	Item 18.	alang w	sit permi	I, and in	
be exect	pencil in	's Office	riol-tran	remova	
D	-	63	5	O	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 11680

	PLACE OF DEATH					2. USUAL RE	SIDENCE (W	Vhere decease	ed lived. If institu b. COUNTY		lence bel	fare adm	issian)
		Baltimore			MARYLAND			d.		Bal	time	ore	
	o. CITY OR TOWN (It could give nearest town)	butus	RURAL	c. LENC	GTH OF STAY IN 16	5	butus	autside carp	orate limits, write	RURAL an	id give n	earest to	wn)
C	. NAME OF HOSPITA	L OR INSTITUTION (	If not in h	ospital, give	e street address)	d. STREET	ADDRESS					e. IS R	ESIDENCE
	1105 Courtney Rd.						1105 Courtney Rd. YES NO E						
3.	NAME OF DECEASED	Fir	st		Middle	Las		4. DATE	Manth	1	Day	1	rear ev
	(Type or print)	Elizabeth	Virg	inia	Parkinson			OF DEATH	Fe	b .	8,	19	798
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED N	EVER MARRIED 8	. DATE OF BIRT	Н		9. AGE (In years a	7	-	-	ER 24 HRS.
	F	W	WIDOW	/ED 🔲	DIVORCED	July	24.	1912	45 yrs.	Months	Days	Hours	Min.
	USUAL OCCUPATION		done 10b	KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPI	LACE (Stote	or fareign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY
1	luring most of working Machine	Operator		Une	mployed	St	evens	ville	Md.		U.	S.	Α.
13.	FATHER'S NAME				-	14. MOTHER'S	MAIDEN	NAME					-
	John L. X	XXXX Ozm	an			Iren	e V.	Spikke	r				
	WAS DECEASED EVE			6. SOCIAL S	ECURITY NO. 17. H	NFORMANT			Address				
170	, no, or unknown)	It yes, give war or dates of	service)	216-1	.2-2158 C1	arence	B · Ozn	man .1	105 Cour	tnev	Rd.		
	18. CAUSE OF DEAT	H [Enter only one car								- V	INTE	RVAL BETW	
		WAS CAUSED BY:		Acu	te Cardiac	Failur	e.				ONSI	ET AND DE	ATH
	422.	MMEDIATE CAUSE (a)											
	Conditions, if an		Har	Car	diovascula	r Disea	se						
	gave rise to immedi	ote couse									-		
	(o), stating the u	nderlying (c											
Z	PART II, OTHI	ER SIGNIFICANT CON		CONTRIBUT	ING TO DEATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
ATI												PERFC	NO. L
CERTIFICATION	20a. EXTERNAL CAUSE OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCR	IBE HOW IF	VJURY OCCURRED. (I	inter nature of i	njury in Part	I or Port II	of item 18.)				
MEDICAL C	20c. TIME OF INJUR Hour o. m. p. m.		W	I. INJURY C	al while fact	CE OF INJURY ( ary, street, office			or tawn)	(Co	ounly)		(State)
-		ot I took charge	of the	remoins	s described abo	ve. held or	Autops	v 🗍 . In	spection III	Inqui	ry 📆	i or	d in my
		esulted from:		N.	11 11 a			Homicide	-	rmined	, EL		o in my
	ACTUAL SIGNATURE	Teo S.	gu	Rie	fler	M.D. CHIEF	MEDICAL EX	AMINER				DATE S	SIGNED
	EXAMINER'S NAME (Type)	eo. S. M.	Kief	fer M	. D.		MEDICAL I	AL EXAMINER		Feb	. 8	-58	
220	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	OF C	22c. NA/	ME OF CEMETERY OR				ION (City, town, o	or county)		(Stat	•)
23	Burial FUNERAL DIRECTOR'S	2-11-5		ADI	tevensy		240. REC'I	D BY REGISTI	ensvill			REF	
	Howard I	H. Hubbard	1,41	UY WE	likens Av		DATE	FEB 1 1	'58	U. R.	dill	765	

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FEB II ices

DECENTED

Auriel C-11-53 Stevensville

	1	699	CERTIF	ICA	IE OF DE	AIR			Re	g. Dist. N	ło.	
1. PLACE OF DEATH G. COUNTY	altimore		MARYLA	- 11	2. USUAL RESIDE	Mary.		d lived. If inst b. COU		esidence be	efore admi	ssion)
b. CITY OR TOWN RURAL and give Catonsv	(If outside corporate limits, nearest town)		yr7mths19	- 1	c. CITY OR TO	wn (If or		rote limits, wr	e RURAL	and give	nearest to	vn)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give ROVE STATE	HOSPI			d. STREET ADD		treet				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	fint Iren	ne	Middle Bean		Parks		4. DATE OF DEATH		Month ebru		Day	Year 19 58
female		VIDOWED .	DIVORCED		June 15,				yrs. IF U	NDER 1 YE		DER 24 HRS Min.
housewi	TION (Give kind of work do orking life, even if retired) LIE	ne 10b. KIN	D OF BUSINESS OR	INDUST	RY 11. BIRTHPLAC	_	ectic		1:	2. CITIZEN	S. A	T COUNTR
3. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
Char	les Bean				Franci	s Wo	ods					
15. WAS DECEASED E (Yes, no, or unknown) NO	VER IN U. S. ARMED FORCE (If yes, give war or dates of serv		-14-0887	_	ormant cords: S	PRIN	G GR		Address	HOSE	PITAL	
Conditions, if gave rise to cause (a), stotin lying cause las	g the under-	Gene	riosclerot eralized a	rter	riosclero	sis			GIVEN IN	N PART 1(a)	PERF	AUTOPSY ORMED?
-	FY MEDICAL EXAMINER)		E HOW INJURY OCC						)			
Y 20c. TIME OF INJU	10	20d. INJUI While of work	Not while	De. PLAC focto	E OF INJURY (Horry, street, office b	me, farm, ldg., etc.)	20f. (City	or town)		(Count	<b>y</b> )	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the d Feb. 11, Stella	12 <u>58</u> Wai	fram Aug., and that dusler	eath o	ccurred at 2	:30p	OVE	/ '/-	es and e wn, state) HOSP	on the c	late stat	e decease led abay PATE SIGN -11-5
	ION, 22b. DATE-THEREOF	_/	C. NAME OF CEMETE	RYOR				TION (City, too		red	(Sto	ile)
23. FUNERAL DIRECTO	R'S SIGNATURE	ane	ADDRESS 13/	82	-11/2	ATE	BY REGIST	RAR 24b. R	1	's SIGNAT	URE	

TO HOSPITAL OR AT TOBING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after this. Page 4 may be retained by the spiral physician.

TO FUNEML DIRECTOR: After this certificate has been signed by the attending physician and completely filled the following page 3 mild be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs, after death.

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1.	o. COUNTY Baltin	more		MAI	RYLAND	2. USUAL RESIDEN	ler (Where	deceased I	ived. If institut b. COUNTY		ce before o		
	b. CITY OR TOWN ( RURAL and give no	If outside corporate lin	nits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOV	WN (If outsi	ide corporol	te limits, write f	RURAL ond g	d give nearest town)		
	Fort	Howard		110 Days	5	Balt	imore	)	3	VO1-	4		
	d. NAME OF HOSPIT	TAL (If not in hospital,	give street	oddress)		d. STREET ADD	RESS		Miles 1		o. 15	RESIDENCE	
_		ans Admini:			al	824N. Wa	shing	ston S	treet			S NO	
1.	NAME OF DECEASED (Type or print)	lso: (JAMES	Bat	A Midd	lle P	PAYTON	4	DATE OF DEATH	Febru		о <sub>оу</sub> 25	Yeor 19 58	
	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MAR	RIED   B	. DATE OF BIRTH		9.	AGE (In years lost birthdoy)	IF UNDER		JNDER 24 HR	
1	/ale	Colored	WIDOW	ED DIVOR	CED 🔲	May 11, 1	1893		64 713.	Months	Days Ho	ours Min.	
0	during most of world	ON (Give kind of work king life, even if retire	done 10b	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLAC	E (State or	foreign cour	ntry)	12. CITI	IZEN OF W	HAT COUNT	
	Welder -	1 44		teel Compa	any	Dorches	ster C	Co., Ma	ryland	U.	S. A		
3	FATHER'S NAME					14 MOTHER'S MA	AIDEN NAM	AE				16	
	Alfred P.	aden /				Mary Bro	own			176-4			
5	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY N	10 17. IN	FORMANT		75.	Add	lress			
ĺ	Yes	(If yes, give war or dates of	PALAICE)	2,	Cli	n.Rec.Vet	.Adm.	Hospi	tal,Ft.	Howar	d, Mar	yland	
	18. CAUSE OF DEA	ATH [Enter only one c	ouse per l	ine for (a), (b), and (d							INTERVA	AL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY:	ART	ERIOSCLERO	TTC H	EART DISE	EASE	A	W 10-10-	word	ONSEL	AND DEATH	
	443X	DUE TO						PACTE					
	Conditions, if o	ny which )	LITE	PERTENSIVE	CARDI	OVASCULAR	f DT91	TADE	CONTRACTOR OF THE PARTY OF THE		12 15	ARS	
	gove rise to i couse (a), stating lying couse lost.	mmediate (	b)		2			A COUNTY				Jan Ja	
とうこくしこことはり	PART II. OTI	HER SIGNIFICANT CON THROMBOSIC Duration		CONTRIBUTING TO DELIVER TO ARTER	EATH BUT I	ROSIS, L	EFERMINA	DDLE	CEREBRA	EN IN PART		VAS AUTOPS' ERFORMED?	
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b, DE	SCRIBE HOW INJURY	OCCURRED	. (Enter nature of in	jury in Port	l I or Port II	ol item 18.)	1877	* *		
347508	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. While of wo		20e. PLA foct	CE OF INJURY (Hor ory, street, office bl	ne, form, dg., etc.)	20f. (City o	r town)	(C	County)	(Stot	
	21. I certify th	nat Kattended the	decea	sed from Nove	ember	7, 19.57,	o Feb	oruary	2519 58	3.XXXX	XXXXX	XX XX XX	
	ACTUAL SIGNATURE	and L	Re	chard	~~		AD	DRESS (Stree	et, city or town, RT HOWAF	stote)		DATE SIGI	
	PHYSICIAN'S	AUL F. RIC	HARDS	M.D. SON, Chief, I	Physic	al Medic	ine ar	nd Reh	nabilati	ion Se	rvice		
	o. BURIAL, CREMATIC REMOVAL (Specify)		OF	Baltimore	METERY OR e Nati	crematory Lonal Ceme	eterv	Balt	ON (City, town,	or county)	and	(Stote)	
2	Rumial				1					41 7 1	. CLILCE		
_	Burial FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	100000			Y REGISTRA		STRAR'S SIG		47 (2)	
	FUNERAL DIRECTOR	's signature 'ilson Fune	ral H	ADDRESS	Orlean	24		7 7 73	R 24b. REGI			400	

At DIRECTOR: After this certificate has been signed by the ottending physicion and completely fill, they the funeral director, tould be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filled with rar prior to burial, cremation, or removal, and in any event, within 72 hours after death.

strar prior to buriol, cremation, or removal, and in any event

Jeoth: Poge

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—SALTIMORE. 18

CERTIFICATE OF DEATH

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in The Committee of the

BUREAU V. R.

e montres de sentales. El conserva de sentales

20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

PERFORMED? YES NO DO

WAS AUTOPSY

ON A FARM?

58 19

20c. TIME OF INJURY Month. Day, Year

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

21. I certify that I attended the deceased from

Hour a. n.

p. m.

While of work of work

195B that I last saw the deceased

ACTUAL

ADDRESS (Street, city or town, stole)

DATE

(Stote)

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF

Feb.26.58

22c. NAME OF CEMETERY OR CREMATORY

Saters Cemetery

22d. LOCATION (City, town, or county) Falls Rd.

(Stote) Balto. Co. Md.

23. FUNERAL DIRECTOR'S SIGNATURE

J.F. Eline & Sons

ADDRESS Reisterstown, Md. 24a. REC'D BY REGISTRAR

and that death occurred at 2100 A.M. from the couses and on the date stated above.

24b. REGISTRAR'S SIGNATURE

# MARYLAND STATE DEPARTMENT OF PLATFILL SALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		MAK	1704	CERTIF	ICATE OF	DEATH		RE, TO	() leg. Dist. No	169	4
0.	ACE OF DEATH	ALTIMOI	PE	MARYL	AND O. STATE	MARYL	ere deceased lived	b. COUNTY	BAKT.	inoi	n) RE
	RURAL ond give n	KOALE		38 YRS.	v 1b c. CITY O	R TOWN (IF.	viside corporate li	mits, write RUR.	AL and give ne	arest town)	
d. 3	OP INSTITUTION	TAL (If not in hospital, AYFIELD	AUE BUE	ess)	3209	MADDRESS	FIELD	AUE	7	e. IS RESID ON A F. YES []	ARM?
3. NA	ME OF CEASED pe or print)	1 3	First	Middle	94	Lost '	4. DATE OF DEATH	FEB .	4		58
5. SEX	MALE	6. COLOR OR RAC	7. MARRIED	DIVORCED	1.1000	VIRGII	1876 9. AC		UNDER 1 YEAR	Hours Hours	24 HRS. Min.
d	USUAL OCCUPATION IN THE PROPERTY OF WORLD	ON (Give kind of working life, even if retire	k done 10b. KINI ed)	OF BUSINESS OR			or foreign country	)	12. CITIZEN C	SA	OUNTRY
13. FA	THER'S NAME	DAVIS			14. MOTHER	R'S MAIDEN N	MARKO	w.			
	AS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of	f service)	IAL SECURITY NO22-2796	17. INFORMANT	EY 90	IAIK -	Address 3207 M	AYFIELS	DACE	· 7-
	PART I. DE	ATH [Enter only one ATH WAS CAUSED BY IMMEDIATE CAUSE	couse per line fo		STIVE K	EART,	FAILUK	E E	INT	ERVAL BETV SET AND D	WEEN
	Conditions, if a		(b) PULM	enney.	EDEMA	+ KIL	DREY	FAILURA	E 1.	DAY	-
1	caese (o), stating lying couse lost.	the under-	(c) FUL	monne	Y TUBET	RCUho	15/5 -			YFH.	45
CERTIFICATION	PART II. OT	HER SIGNIFICANT CO	NOITIONS <u>COŅ'</u>	TRIBUTING TO DEAT	TH BUT NOT RELATED	TO THE TERMI	NAL DISEASE COM	NDITION GIVEN	I IN PART 1(o)	PERFORM YES 1	MED?
CERTIF	0a. ACCIDENT W OR CONTRIBUTING F EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEAT MEDICAL EXAMINER	20b. DESCRIBI	E HOW INJURY OC	CURRED. (Enter noture	e of injury in P	ort I or Port II of	item 18.)			
MEDICAL	Hour o. m. p. m.	RY Month, Day,	While	Not while	PLACE OF INJURY foctory, street, off	Y (Home, form, fice bldg., etc.	20f. (City or to	wn)	(County)		(Stote)
	1. I certify the	hat I attended th	ne deceased				EB-4				
	CTUAL IGNATURE	homes	E. a.	Keeler	death occurred o		LIMA  LIMA				e signer
PIN	HYSICIAN'S /	HOMAS E	WHEL	ELER	3601	CHIFM	PR B	-BALT	07-	mo.	,
F	BURIAL, CREMATIC REMOVAL (Specify Burial	)	-		rery or crematory Park Cem		22d. LOCATION Baltim		Mary	(Stote)	
23 FU	HERAL DIRECTO		iaeas	DDRESS		24a. REC'E	BY REGISTRAR		AR'S SIGNATU	RE	
E	Hsworth	Armacos	t-4600	Liberty F	ights. Ave	. DATE	FEB 5 '58	1 Ul	18-effec	1	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1705 **CERTIFICATE OF DEATH**  01695

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cockeysville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Cockeysville
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Hillside Avenue	d. STREET ADDRESS Hillside Avenue  e. IS RESIDENCE ON A FARM? YES NO 12
3. NAME OF DECEASED (Type or print) AGNES CATHERINE RAFFERTY	Lost 4. DATE Month Day Yeor OF DEATH February 5, 19 58
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  August 18, 1903  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.    Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Postmistress  U.S. Post Office	Maryland USA
James F. Rafferty	Catherine Riley
(Yes, no or unknown)   (If yes, give war or dates of service)	nformant Address
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Corolland Selatic	Monephritis Ellremia 3 mos.
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from.	occurred a 2.30 PM, from the causes and an the date stated above
ACTUAL SIGNATURE TO CLEAN TO C	M.D. 3165 9. Charles St. 2-5-58
PHYSICIAN'S R. H. SIVEY	Baltinore, 18. Jul
22c. NAME OF CEMETERY O REMOVAL (Specify) Burial Feb. 6, 1958 22c. NAME OF CEMETERY O St. Joseph's	Cemetery Texas, Baltimore Co., Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOWNOR TOWNOR	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  1. Md. DATE 158

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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1	707	CERTIFIC	ATE	OF	DEATH

Reg. Dist. No. 11697

	PLACE OF DEATH o. COUNTY Balti	more		MAR	YLAND	O. STATE	esidence (we			nstitution I	Residence b	efore odm	ission)
	b. CITY OR TOWN (If RURAL and give nec	autside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY O	R TOWN (If o	outside corpo	rate limits,	write RURA	L and give	nearest to	wn)
		Howard		2 Days		B	altimo	re	3	YO1	- 44		
	d. NAME OF HOSPITA	LL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS					e. IS R	ESIDENCE A FARM?
		ans Admini	strat	ion Hospi	tal	1	555 Cl	ifton .	Avenue	9			NO D
3.	NAME OF DECEASED (Type or print)	GRIFF.		Midd		RAWLIN	Lost GS	4. DATE OF DEATH	Febr	Month		Doy 5	Year 1958
S.	SEX	6. COLOR OR RACE		RIED NEVER MARE		DATE OF BI			9. AGE (In Jost birth			AR IF UN	DER 24 HRS.
	Male	Colored	WIDOW			Octobe:	r 19.18	391	66 pirth	yrs. M	onths Day	ys Haur	Min.
	. USUAL OCCUPATION	N (Give kind of work of	done 10b.	KIND OF BUSINESS	OR INDUS			-	ountry)		12. CITIZEI	N OF WH	AT COUNTRY
	Housework	ng life, even if retired	Pr	rivate Fam	ilv	Cal	vert Co	ounty.	Mary.	land	U.	S. A.	
13.	FATHER'S NAME					14. MOTHE	R'S MAIDEN N	NAME					
	Benson Raw	lings				Sarah	Coates	3					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17. IN	FORMANT				Address			
1	Yes	yes, give wor or dates of so	ervice)		Cl	in.Rec	.Vet.	Adm. Ho	spita	l.Ft.	Howar	d. Mar	yland
F	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	ne far (a), (b), and (c	)-1					-	10	NTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	PUT	MONARY EDE	TMA (	ONGEST	TON AN	D BRON	ICHO P	NEUMO	NTA	2 Was	D DEATH
	443x	DUE TO	, , , , , , ,	HAMARIT TIEST			4501	D 201001	.0110_2	21230120			
	Conditions, if on		UV	PERMENSIVE	CART	TO WAS	CITAR	DISEAS	राह			Unkn	own.
	gove rise to im	mediate (		E INTELLIGITATION OF TAXABLE PROPERTY.	VALUE OF THE PROPERTY OF THE P	TO AUC	OTEST	THE PERSON	711 6			V 222-22	01111
	lying couse last.	he under-					14.	*					
Z	PART II. OTHI	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEAS	E CONDITIO	ON GIVEN	IN PART 1(c	19. WA	S AUTOPSY
Ĭ	0.00												FORMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter nature	e of injury in	Part I or Par	t II of item 1	18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yes	While	NJURY OCCURRED  Nat while at work	20e. PLA fac	CE OF INJUR lary, street, of	Y (Home, farm fice bldg., etc	1, 20f. (City	or town)		(Coun	(עוני)	(State)
	21. I certify the	attended the	decegs	ed from Febr	uarv_	3 , 19.5	8_, to Fel	bruary	51	258 X	X6XC)(C)6X6	XXXXXX	eX
		XXXXXXXXX											
		14561					•	ADDRESS (S					DATE SIGNED
	ACTUAL	au o	1	all	,	AD VA	HOSPIT	AL, FOR	T HOW.	ARD, M	ARYLA	ND 2	2/6/58
													.LL
	PHYSICIAN'S CH	IEN WEI LA	N. M.	D.		VAH	, FT.H	OWARD,	MARYL.	AND			
220	BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CE	METERY OF	CREMATORY		22d. LOCA	TION (City.	tawn, or co	ounty)	(St	late)
	REMOVAL (Specify)	2-10-5	8	Baltimor	e Nat	ional	Cem.	Balti	more,	Mary	land	LEY'L	
23.	FUNERAL DIRECTOR'S			ADDRESS	VE		240. REC'	D BY REGIST	RAR 24b	. REGISTRA	R'S SIGNA	TURE	
S	amuel W.Su	11ivan.101	7 N.	Arlington	Ave.	Balto	DATE	men 4 A	158	Page 1		1	
						#17,M				-			

THE CERTIFICATE OF DEATH Private Santia | Chievest Name, largest they be. Manager and the Committee of the Committ EEB 10 1828

VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1708 **CERTIFICATE OF DEATH** 

Reg. Dist. No. 1698

1.	o. COUNTY Ba	ltimore C	ounty	MARY	LAND	2. USUAL RESI		ere deceased	d lived. If institut b, COUNTY	Balt	e befor	e odmissi re	on)
	RURAL ond give ne	l outside carporate limi carest town) sedale	ts, write	c. LENGTH OF STAY	IN 16	Rose		outside corpo	rote fimits, write f	RURAL and g	ive nea	rest tawn	
		AL (If not in hospital, g	h St			d. STREET A		h Str	eet		ľ		IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Fir Jos	eph	Middle Thoma	s	Rho		4. DATE OF DEATH	Moi Febri		Doy 21		reor 9 58
5.	sex male	6. COLOR OR RACE white	7. MARK	NEVER MARRIE		B. DATE OF BIRTH		8	9. AGE (In years lost birthdoy) 79 yrs.	IF UNDER Months	1 YEAR Doys		
10.	o. USUAL OCCUPATION	ON (Give kind of wark ing life even if retired II Miner	1	KIND OF BUSINESS OF	RINDUS			or foreign co			J.S.		COUNTRY
13.	FATHER'S NAME					14. MOTHER'S							
		Theodore				Maj			nown)				625
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			
					Mrs	s/ Geral	ldine	Shir	ley. 7904	+ 30t	h S	re	et
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]							INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	. 16	andiac	Je Oli	corre	reur	zati,				ET AND	DEATH
	00'	DUE TO		7		-					-	7-6	istees
		~ ~	1	neuna	211	-							
	Conditions, if or	mmediate	,	raevae	-						-		
	couse (o), stoting		/	3 Paters	2	meline	20-80	- Tul	ercula	21-			
7	lying couse lost.	) (c	1	Jecere									
9	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO	THE TERMII	NAL DISEASI	E CONDITION GIV	EN IN PART	1(0) 19	PERFOI	UTOPSY RMED?
Š	1493	X										YES 🗌	
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter noture of	l injury in P	ort I or Port	II al item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Yer 19	While	NJURY OCCURRED  Not while  of work	20e. PLA foct	CE OF INJURY (I tory, street, office	Home, form, bldg., etc.	, 20f. (City	ar town)	(C	ounty)		(Stote)
	21. I certify th	at I attended the	decease	ed from Ful	2	19 0	8 to /	Feb 2	1940	that I I	ast sa	w the	decensor
	alive on Fra	624.	195	8 , and that									
					acom	occorred di			reet, city or town,		e uon		TE SIGNED
3	ACTUAL	hacks 6%	Mac.	Min	N	A.D. 290	_	Bu	elisa	۔ ح	7		
	PHYSICIAN'S NAME (Type)	MARLES	2 1	MAC MIN	N								
220	P. BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEME				22d. LOCAT	ION (City, town,	or county)		(Stote	)
	REMOVAL	2-26-5	3	Nethon H:	ill	Cemeter	. У	Elk (	Garden,	West	Vir	gini	a
23.	FUNERAL DIRECTOR'S		140-17	ADDRESS	_		240. REC'D	BY REGIST		STRAR'S SIG			
W	Villiam Co	ok, Inc.,	1217	St.Paul	Stre	eet	DATEEB	2 7 '58	level	esue	1		
_					45-								

CERTIFICATE OF DEATH The second secon FEB 27 1958 Land Tools, Som., Languar, Pool , two new too

01699

1709

**CERTIFICATE OF DEATH** 

oh	1	8
2	Sit is	CAT !
rs of Cath. Page	y the funeral director, 2 should be filed with	
	the fund	a.
97	NA	16

nay bay retained it we haspital or attending physician.

FUN AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille ages 5 should be detached for use as the burial-transit permit. Then please remave carbon popers. Pages 1 and he registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

requires that the death certificate be executed within 24 hi

-		0		
V:	S A	9/	55	1)

		•	167	3 CEKIIF	ICA	IE OF DEATE	1		Reg. D	ist. No.		
1. 6	COUNTY	Balto.		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE	ere decease	d lived. If institution b. COUNTY	20	nce befor		
t	RURAL ond give n	If outside corporate limi earest town) nsville	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If o			URAL ond	give ned	rest tow	n) 🗸
,		TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					e. IS RES	SIDENCE FARM?
	House in	the Pines -	16	Fusting Ave.		440						] NO []
3. 1	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mon	th	Do	,	Yeor
(	Type or print)	ANN		SMITH		RIGGS	DEATH	1.0		3		1958
5. 5	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE Manths	R 1 YEAR	Hours	ER 24 HRS.
_	emale	white	WIDOW			Jan. 18, 1870		88 yrs.				
100.		ON (Give kind of work of king life, even if retired)		KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLACE (Stote	or foreign c	country)	12. CI	ITIZEN O	F WHAT	COUNTRY
	OVER WORK	ed				Maryland 14. MOTHER'S MAIDEN N	IAAAE				-	
		7.										
_	ohn Adams		CES2 14	SOCIAL SECURITY NO.	17 IN	Annie Hu	cton	Add	PEL			
[Yus	no, or unknown)	(It yes, give war or dates of s			150	. John Riggs	Dog		10.000			
l-n		Ama fr		none ine far (a). (b), and (c).]	LIT	e John Jurges	- DI	OVEATITE	, Fice,		ERVAL BI	FTM/FFA
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ony, which immediate	, Cl	Mysertins	TA	Cardio Vos	entin	Ding	2.0	ONS	48 20	30.CI
	lying couse last.		)									
CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS PERFO YES	DRMED?
CERTIFI	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter noture of injury in f	Port I or Por	rt 11 of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	or 20d. While of wo	Nat while	0e. PLA fact	CE OF INJURY (Home, farm ory, street, office bldg., etc.	, 20f. (Cit	y ar town)		(County)		(Stote)
	21. I certify ti	hat I attended the	deceas	sed from 182	1	1853, to	2-3	19.52	2,that I	last so	w the	decease
	actual	2-2	-, 1920 And	ond that d	eoth	accurred at 16.30		m the causes of treet, city or town.		the da		ed obove
	PHYSICIAN'S NAME (Type)	Ulmer K.	G	21/2ger	N	Catonavi	ble .	28, m	N.		-C	1
_	BURIAL, CREMATIC REMOVAL (Specify		)F	22c. NAME OF CEMET			22d. LOCA	TION (City, town, o	or county)		(Sto	(e)
	FUNERAL DIRECTOR	Subsul	44	Sous - 1	Sai	TO 17 CONTEEB	D BY REGIS	TRAR 24b. REGI	STRAR'S S	IGNATUI	RE	
	V									UK		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BECEINED

INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01719

# CERTIFICATE OF DEATH

Reg. Dist. No.

1		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Beltimore MARYLAND	STATE Maryland county Balto:	
CITY (If outside corporata limits, writa RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR and give nearest town) TOWN OPEY 14 Yrs.	X TOWN Upper Falls	
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS Franklinville Rd.	/ ADDRESS Franklinville Rd.	
3. NAME OF James Francishiddla) Smit	Son 74 4. DATE (Month) (Day) OF DEATH Feb. 4	(Yaar)
S. SEX   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE (		UNDER 24 HE
M RACE WIDOWED, DIVORCED, (Specify) Single Sep	+. 21, 1923 34 yrs. Months Days	Hours   Min
10a. USUAL OCCUPATION (Giva kind of work dona during most of working lifa, avan if OR INDUSTRY	11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN C	
refired) Plumber Construction	Fallston, Maryland U.S.A.	1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Warren Kemper Smith	Anna Regina Shanahan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yas, no, or unk.) (If Yas, give wer or datas of service) 219-18-0577	Warren Kemper Smith JrChapman I	Rd.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE  ANTECEDENT CAUSE(S)  DUE TO	OCCIUSION Upper Falls Mala	AND DEATH
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ONSET	AND DEATH
ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	ONSET	AND DEATH
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	acclusion 4	
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION	ONSET  ONSET  YES	4rs
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ONSET 4	UTOPSY?
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH  OF INJURY streat, office bidg., etc.)	ONSET  ONSET  YES  ONSET	UTOPSY?
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OCC  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING OF INJURY Streat, office bidg., etc.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour)  While Not while at work at work	20. A YES  21c. WHERE DID INJURY OCCUR? (City or town) (County)	UTOPSY?
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  (B)  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED Whila Not whila at work   at wo	ONSET  20. A  YES  21c. WHERE DID INJURY OCCUR? (City or town) (County)  21f. HOW DID INJURY OCCUR?  19.55, to 15.54, 19.58, that I last saw the county of t	UTOPSY?
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OCC  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING OF INJURY Streat, office bidg., etc.)  OR CONTRIBUTING CAUSE OF DEATH  OF INJURY Streat, office bidg., etc.)  While Not while at work at work	20. A YES  21c. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  1955, to 55, to 1955, that I last saw the stated above.	UTOPSY? NO (Stele)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY,  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Homa, farm, factory, OF INJURY streat, office bidg., etc.)  (If EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While at work at w	20. A  21c. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  20. A  20. A  20. A  21f. How Did injury Occur?	UTOPSY?
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   OF INJURY streat, office bidg., etc.)  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH.  19b. MAJOR FINDINGS OF OPERATION OF INJURY streat, office bidg., etc.)  10 OTHER DISEASE OF CONDITION (Day)  10 OTHER DISEASE OR CONDITION (Part of the deceased from the deceased	20. A  21c. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  20. A  YES  (County)  21f. How DID INJURY OCCUR?  20. A  YES  (County)  20. A  YES  (County)  21f. How DID INJURY OCCUR?  20. A  YES  (County)	UTOPSY? NO (State)
ANTECEDENT CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   OF INJURY streat, office bidg., etc.)  (FETTHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) Mila at work   at	20. A  21c. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  20. A  YES  (County)  21f. How DID INJURY OCCUR?  20. A  YES  (County)  21f. How DID INJURY OCCUR?  20. A  YES  (County)  20. A  YES  (County)  21f. How DID INJURY OCCUR?  20. A  YES  (County)  20. A  YES  (County)  20. A  YES  (County)  20. A  YES  (County)  20. A  A  A  A  A  A  CREMATORY  Balto: Co: Ma.	UTOPSY? NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GRIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   OF INJURY streat, office bidg., etc.)  (If ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While at work at wor	20. A  21c. WHERE DID INJURY OCCUR? (City or town)  21f. HOW DID INJURY OCCUR?  20. A  YES  (County)  21f. How DID INJURY OCCUR?  20. A  YES  (County)  20. A  YES  (County)  21f. How DID INJURY OCCUR?  20. A  YES  (County)	UTOPSY? NO (State)  TE SIGNE (State)

### CERTIFICATE OF DEATH

THAT THEFT TOOK

Remosa Anvid Leo Rd.

14 TEE.

sealleron, Maryland

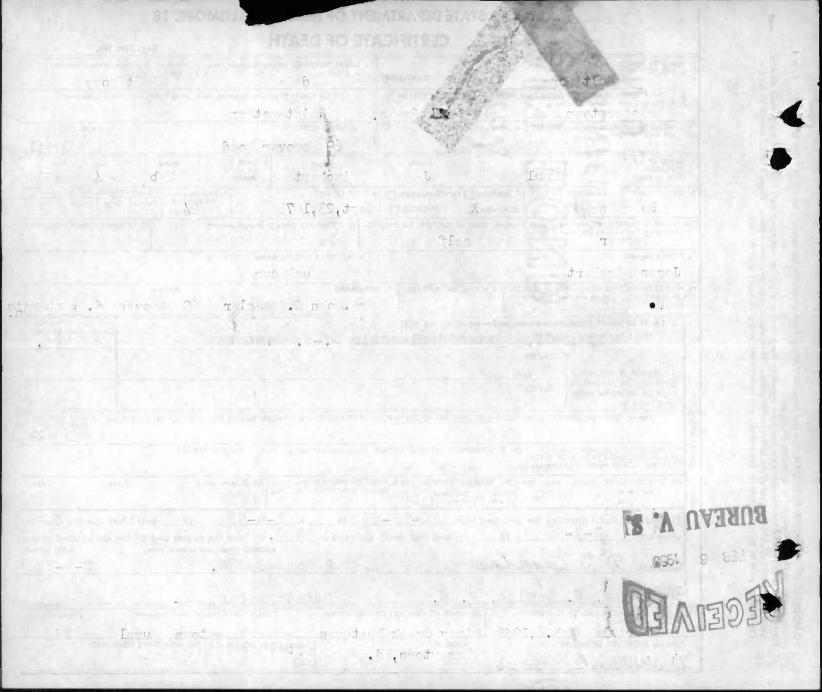
de this years weight the

Altigated asias regul

N UNABAUR

Et John :- Then Company

aroto segir, paletter. Toron



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4	tar,

may be retained. The hospital ar ottending physicion.

2 FUN RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, pages, hould be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO FUN PAL DIRECTOR:

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1711 **CERTIFICATE OF DEATH**  Reg. Dist. No. ()17()1

1. PLACE OF DEATH o. COUNTY Balti	imore		MARYLA	11	2. USUAL RESIDEN		e deceased	lived. If institution b. COUNTY	Residence		admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cwynn Lake					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cwynn Lake						est town)
OR INSTITUTION	AL (If not in hospital, g ummerfield		oddress)		/ d. STREET ADD		erfie	ld Rd.	#7	}	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir MACK		Middle		RÓE		OF DEATH	Mon Feb		Day	Year 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARR	D DIVORCED		Nov. 11.	1897		9. AGE (In years last birthday) 60 yrs.			F UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Foreman  13. FATHER'S NAME  Edward Roe					Mi:	ssour	<u>i</u> ME	untry)	12. CITIZ	EN OF	WHAT COUNTRY?
15. WAS DECEASED EVER	IN U. S. ARMED FOR	rvice)	SOCIAL SECURITY NO.		ormant			Addr 7 Summer		Pd	Md. Balto. 7
Conditions, if or gove rise to in couse (a), stoting I lying couse last.  PART II. OTH  OR CONTRIBUTING (IF EITHER, NOTIFY)	IH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  IV, which he under:  ER SIGNIFICANT CONI	Ca DITIONS C	ONTRIBUTING TO DEAT		of related to the	S Con	AL DISEASE			8 / 1 (o) 19.	WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yec	While of work	_ Not while_	Oe. PLAC	E OF INJURY (Har ry, street, office bl	dg., etc.)				ounty)	(Stote)
actual signature	at I attended the 23 23 2445 R. ames R. Gr	19.5	8, and that d	eath o		W. B	M, fram DRESS (Str al to.		nd an the		w the deceased stated abave DATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	2/13/5	f 8	22c. NAME OF CEMETI		CREMATORY	2		ION (City. town, o	r county)		(Stote)
23. FUNERAL DIRECTOR'S	Siether !	44	address Ra	eto.	, _ ///	ATE FEB	1 3 '5	- 1	PRAR'S SIGN	NATURE	

TO HOSPITAL OR VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-BALTHADIE, 18

TIL CERTIFICATE OF DEATH

The state of the s

8367 6 7 83

DECENEU

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Lorraine Rark

22d. LOCATION (City, town, or county)

Maryland

24b. REGISTRAR'S SIGNATURE

Balto.

24a. REC'D BY REGISTRAR

DATE CER 2 8 158

(State)

VS A15 (4)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

1958

OLoring Byers 5005 Park Heights ave. Balto 15

REMOVAL (Specify)

Buria

23. FUNERAL DIRECTOR'S SIGNATURE

within ?

DERTIFICATE OF DEATH

BUREAU K.

FEB 88 1958



Annual communication of the co

BRIDGE ENDONE STREET

Reg. Dist. No.

n 24 hours air Geath: Page 4	by the funeral directar, es 1 and 2 shauld be filed with	
TO HOSPITAL OR AZZENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and cleath. Page 4	may be retained he haspital or attending physician.  TO FUM AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill by the funeral director, poget, hauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed with	di, and in any event within 12 hours die vedili.
TO HOSPITAL OR AZZENDING PHYSICIAN: The	TO FUN AL DIRECTOR: After this certificate has been signored pages, hauld be detached far use as the burial-transit pages.	the registror prior to borror, cremonan, or remove

1	1	. COUNTY	Baltimo	re	MARYLAND	o. STATE	ruland	b. COUNTY	Residence before Rolfi	ore odmission) mのカロ
M		CITY OR TOWN ( RURAL and give n	If outside corporate limits, earest town)	write c. LENGTI	H OF STAY IN 16	c. CITY OR TOWN	rkville		JRAL and give ne	earest town)
00		d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, giv	1 11	Road	d. STREET ADDRES	SS	hby Roc	nd	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Mrs. Edi	th M.	Middle	Ruth	4. DATE OF DEATH	Febr	th D	3rd 19 58
	5. 5	temale	white	MARRIED DESERVIDOWED	DIVORCED	B. DATE OF BIRTH April 14,	1892	last birthday) 5 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
T leading		Housew	ON (Give kind of work do king life, even if retired)	ne 10b. KIND OF B	USINESS OR INDU	Perry	Stote or foreign co	Penna	12. CITIZEN	SA
and and		John	W. Yocum			Daisy	4	ler		
/2 hou	15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCE Jif yes, give war or dates of serv	(S? 16. SOCIAL SEC 196-10	CURITY NO. 17. 11 -4568A.	Mr. Phi	lip C.	Ruth, 3		Lloughby
all with			ATH [Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	e per line for (a), (l	b), and (c).]	Houses	chag	e		TERVAL BETWEEN ISET AND DEATH
nd in ony eve		Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate ( DUS TO	Hyperli	enseve	Cardeove	ascell	lardes	eases	werely
O O	CATION	PART II. OTH	HER SIGNIFICANT CONDI	TIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DISEASE	CONDITION GIVE	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING   20   20   20   20   20   20   20   2	06. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of injur	y in Port I or Port	II of item 18.)		
	MEDICAL	20c. TIME OF INJUR Hour a. gr. p. m.	Y Month, Day, Year 19	20d. INJURY OCC While Not w at work at wo	hile too	ACE OF INJURY (Home, tory, street, office bldg.	farm, 20f. (City , etc.)	or town)	(County	) (State)
ra burial, ci		alive an	at I attended the a	:- (/	and that death	19.57, to accurred at 9			nd on the do	aw the deceased ate stated above.  DATE SIGNED
istor prior		ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	homas J. 1	Brennan	mun	Balt	imore,	14, Md.	ld 19a	2/3/58
ne regi	220	BURIAL, CREMATIO REMOVAL (Specify)	2/6/1950	0 14	Le of CEMETERY OF	CREMATORY emetery	22d. LOCAT	ION (City, town, o	r county) Le. Ro	(State)
	23.	funeral director Leonard	J. RuckInd	ADDR 2. 5305	. // /	177	REC'D BY REGISTI	AR 24b. REGIS	TRAR'S SIGNATU	IRE /

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6367 - S - E - E - E - E - E - E - E - E - E		- 18.	
DECENTED			
ASIMISA S	DATE OF STREET	THE STATE OF THE S	SKARADA CROCKERO SANDA AL

## FOR STATE

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TO DEPUTY MEDIC: XAMINER: This certificate should be executed within 24 hours after death. If any delay is nece please execute, the certification withing the ward "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the fig. I direct. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNEXAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, an its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1)	-1	pay	1)	4
- ( )	1	4	IJ	4

		1711	Reg, Dist. Na.
	1. 9	LACE OF DEATH Ballanowl MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Bestdence before admission)  o. STATE May land b. COUNTY Salls
	b	CITY OR TOWN (If outside corporate limits miles BURAL ond give nearest (Syn)	c. CITY OR TOWN (IP obtaine competete limits, write RURAL and give nearest town)
)	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give steel address)	d. STREET ADDRESS hafsel Pd . e. IS RESIDENCE ON A FARM?
	1	NAME OF DECEASED Type or print)  First  First  Middle  Middle  Middle	Ryc of DEATH Leb Doy Year 19 V 8
	5. 8	Male 6. COLOR OF RACE MARRIED NEVER MARRIED   8	DATE OF BIRTH  9. AGE (In years   IFUNDER IYEAR IF UNDER 24 HRS.    10st birthday) yes.   Months Days Hours Min.    10st birthday) yes.   Months Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRI uring most of working life, even if retired)	+ MANINAUD HSA
	13.	FATHERS NAME Leonard Rye	14. MOTHER'S MAIDEN NAME DECLY
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN no. or yoldown) (If yes, give war or dolas of service) 244-14-4543	W. Estella Rag - 4227 Fragel Rd.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	onary Occlusion interval Between
		4-20.1 DUE TO  Conditions, if ony, which) (b)	k - History of Tacelyandes ?
		gove rise to immediate couse (a), stating the underlying couse tost.  (c)  UE TO  (c)	ik 1
0	CERTIFICATION	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Possible asperation Vomite	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		200. EXTERNAL CAUSE WAS PRIMARY 21 OF CONTRIBUTING [] CAUSE OF DEATH.	nter noture of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAC foctor of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) pry, street, office bldg., etc.)
		21. I certify that I taak charge of the remains described about	ve, held on Autopsy 🔲, Inspection 🔲, Inquiry 📈, and in my
		opinion deoth resulted from: Notural causes XI. Accident	DATE SIGNED
5		ACTUAL SIGNATURE SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER []  ASSISTANT MEDICAL EXAMINER []  Jeb 15 1908
4	00	EXAMINER'S FRANK T. KASIK, V	R. DEPUTY MEDICAL EXAMINER
	1	BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR 22 - 19 - 1958 THE ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS	CREMATORY 22d. LOCATION (City, town, or county) (Slote)  2d. LOCATION (City, town, or county) (Slote)  2d. LOCATION (City, town, or county) (Slote)
	C	Luxuly Luni Home 7401 Delair	A DATE FEB 1 9 '58 Cle Lesuch

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01705

		111	O CERTIFIC	ATE OF DEAT	Н		Reg. Dist.	No.	
1. PLACE OF DEATH	1			2. USUAL RESIDENCE (V	Vhere decease	d lived. If institution	on: Residence	before admis	sion)
I	Bal timore		MARYLAND	Mar	yland	B. COUNT	Bal 1	timor	0
RURAL ond giv	N (If outside corporate lime re nearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	45.47.5	orate limits, write RI	URAL and give	e nearest tow	n)
	SPITAL (If not in hospital,	give street o	oddress)	d. STREET ADDRESS				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fra n		Middle William	lost Schatz	4. DATE OF DEATH	Mon Februa:		Doy 20	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 11	YEAR IF UND	
Male	White	WIDOWE	D DIVORCED	26 Jan. 1	884	74 yrs.	Months De	ays Hours	Min.
10a. USUAL OCCUP.	ATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stat	e or foreign c	ountry)	12. CITIZI	EN OF WHA	COUNTR
Farmer	(Retired	í	Farm	Oh	10		U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
1 2557	Henry Sch	natz		Sa	rah M	entley			
1S. WAS DECEASED	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ress		
No	(1,74,91			Norman Sc	hatz	Chas	e. Md		
18. CAUSE OF	DEATH [Enter only one co	use per lin	e for (o), (b), and (c).]					INTERVAL B	ETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, Br	concho-Pneu	monia				12"da	ARIH
491	X DUE TO								
	if any, which ) (t	1							
gave rise to	immediate ( Dus To	,			TO FRANCE				
lying cause lo		:)							
	other significant con Diabetes Me			JT NOT RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	'EN IN PART 1	PERFO	AUTOPSY ORMED? NO A
	WAS UNDERLYING ING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Par	t II of item 18.)			
20c. TIME OF IN Hour a.	10	ar 20d. IN While at work	Not while	PLACE OF INJURY (Home, far factory, street, office bldg., e	rm, 20f. (City	or town)	(Cou	unity)	(Stote)
	that I attended the	decease		9 , 157 to F th occurred at 7:10	ebr.	20 , 19 5	Shat I las	st saw the	deceas
ACTUAL SIGNATURE	Joseph	2	nceh		ADDRESS (S	treet, city or town,	state)		ATE SIGN
PHYSICIAN'S NAME (Type)	Joseph Mi	celi	, M.D.			21, Mary			4-6
220. BURIAL, CREMA	TION, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	or county)	(Sta	te)
REMOVAL (Spec	2/24/	58.	Grove Cer	netery	Ab	erdeen,	Mar	ralan	d
23. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS	240. REC	C'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN	ATURE -	1

TO HOSPITAL OR
TO HOSPITAL OR
TO WOY Es etained
AND WAS A 12 (4)
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NDING PHYSICIAN: The fow requires that the death certificate be executed within 24

AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled touch be detached for use as the burial-transit permit. Then please remove carbon popers. Pages rar priar to burial, cremation, or remaval, and in any event within 72 hours ofter death.

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# FOR STATE HEALTH DEPT. Page TO DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If any delox is near a place execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fact a literary. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be released for your files. TO FUNENAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board af Health, or its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01706

17	8		Reg. I	Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where dece a. STATE Md.	b. COUNTITO.	
b. CITY OR TOWN (Il outside corporate limits, write RURAL Oak Tee Balto 29, Md	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co		nd give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in 922 Leeds Ave	hospital, give street address)	/d. street address /922 Leeds Ave		IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF First DECEASED (Type or print) Agnes	C. Schermerhorn	Losi 4. DATE OF DEATH	Month Feb.	26 •195 <b>8</b> 19585
white widow	WED DIVORCED	Oct. 26, L885	9. AGE (In years lost birthday) 72 yrs. IF UNDE Months	R 1YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 101 during most of working life, even if relired)  Seamstress	Clothing Mgf.	Troy New York	country) 12. Cl	TIZEN OF WHAT COUNTRYS
13. FATHER'S NAME Fred. Shultis		14. MOTHER'S MAIDEN NAME Mary Call		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Ves. no. or unknown] [If yes. are war or doles of service]	16. SOCIAL SECURITY NO. 17. IN	Nelson W. Schen	Address rmerhorn 1018	Leeds Ave
CAUSE OF DEATH. Fel:	t Hip RIBE HOW INJURY OCCURRED. (E	disease	II of ilem 18.)	YES NOW
20c. TIME OF INJURY Month, Doy, Yeor 20 24050 o.m. Me 12-30-57 W	d. INJURY OCCURRED 200. PLAC hile Not while Pub	CE OF INJURY (Home, farm, 20f. (City, street, affice bldg., etc.)	ity or town) coat he Daklee • <b>Vēē</b> ds 1	enger (Stole)
21. I certify that I taak charge of the opinion death resulted from: Natural ACTUAL SIGNATURE  EXAMINER'S Geo S M Kiest	causes . Accident [	1)	le, Undetermined	manner D  DATE SIGNED
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR		ATION (City, town, or county)	
Burial 3-1-58	Loudon Pa	rk	Baltimore.	
Howard H. Hesbland	4107 Wilhe	240. REC'D BY REGIS DATE MAR 3	Baltimore, STRAR 246. REGISTRAR'S SI 158 Oll Less	GNATURE
		7.		

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FOR STATE EALTH DEPT

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ofter 9 Sive Pages 1 form PM3. File pages Give ford. Ö urial-transit Office O ased Chief Medical I the wor 96 0 DIRECTOR:

0 VS. A15ME 5M 2/57

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY Maryland Bal timore Baltimore MARYLAND b. CITY OR TOWN (It outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8941 Saytr Hill YES NO 17 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED FREDERICK SCHMIDT (Type or print) 1958 DEATH February 12 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE |In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HES. ast birthday) Months Hours Min. Days WIDOWED IN DIVORCED [ Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? duting most of working life, even if retired) MU ENGINEER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NONN KNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Lobar Pneumonia IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause DUE TO (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES TE NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while 0 m at work at work 21. I certify that I took charge of the remains described above, held an Autopsy & Inspection and in my opinion death resulted from: Naturo couses be Accident Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE MD ASSISTANT MEDICAL EXAMINER TX William V. Lovitt. EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FEB 18 1928

01708

Reg. Dist. No.

Baltim	Ore MARYLAND	o. SIAIE Md	b. C0	Balti	more
b. CITY OR TOWN (If autside carporate limits, RURAL and give carest lawn)  APDUCUS	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o			
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 1020 Leeds		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOHN HENRY	SCHWARTZ Middle	Lost	4. DATE OF	Month 2-16-58	Day Year
mare Mulfe	MARRIED NEVER MARRIED DIVORCED DIVORCED	Nov.6.1885	9. AGE (Ir lost birt 72		FAR IF UNDER 24 HRS.  ys Hours Min.
100. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUS  B&O RR		or foreign country)  imore Co.		OF WHAT COUNTRY
3. FATHER'S NAME Charles Schwartz		14. MOTHER'S MAIDEN N	rgaret Ra		
15. WAS DECEASED EVER IN U. S. ARMED FORCE:  Yes. no. or unknown    (If yes, give wor or dates of service)   (If yes, g		IFORMANT		Address	Ave.
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	par line for (a), (b), and (c).]	il And	netim	1	NTERVAL BETWEEN
Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.		tic C-b	Disco	LE.	8 years
Anonchize	TONS CONTRIBUTING TO DEATH BUT IN THE STREET BUT				19. WAS AUTOPSY PERFORMED? YES NO
Haur o. m.	20d. INJURY OCCURRED While Not while fact work at work	CE OF INJURY (Home, form lary, street, affice bldg., etc.	20f. (City ar tawn)	(Cau	nty) (Stote)
21. I certify that I attended the dealive on 2-13  ACTUAL SIGNATURE CAMPS P. PHYSICIAN'S TO PHYS	1958, and that death Grabell,	A.D. 1945 W		uses and an the	t saw the deceased date stated abave DATE SIGNED
NAME (Type) James  220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City.	3, Med.	(State)
REMBUTTET 2-21-58	Lorraine				

may be retained TO FUNE

VS A15 (4) 15M 10/57

#### CERTIFICATE OF DEATH.

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Patrick H. Thibosom alog Williams Arc

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01710

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARTA? YES NO TO NAME OF Middle 4. DATE Month Year Day DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Manths WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Housewi 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 420.0 **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work at work 21. I certify that I attended the deceased fram, 19.5 8 that I last saw the deceased , and that death accurred at 4-3 5 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial Woodlawn Cemetery Woodlawn Maryland 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Ellsworth Armacost-4600 Liberty Hghts. Ave.

filed with M papers. 500 burial-transit 0 VS A15 (4)

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DIRECTOR DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01711 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where decayed lived If institution: Residence before Addression) o. COUNTY MIRAL Kausto. COUNTY MARYLAND h CITY OR TOWN III C LENGTHOOF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give street address) STREET ADDRESS e. IS RESIDENCE 16 ON A FARM YES T NO D 3 NAME OF Middle DATE Day Yeor DECEASED SENNHENN (Type or print) 19 V 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH AGE tin years IF UNDER TYPAR IF LINDER 24 HRS last birthday) Months Doys Hours Min WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working/life, even if retired) 12 CITIZEN OF WHAT COUNTRY? tre 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c), ] INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (a) stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES T NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enler pature of injury in Part 1 or Port It of item 18.) PRIMARY OF CONTRIBUTING 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home-form, 120f. (City or town) 20c. TIME OF INJURY Month, Day Teor (County) (Stote) foctory, street, office bldg., etc.) While Not while a m 19 at work | of work p. m. 21. I certify that took charge of the remains described above, held an Autopsy [ Inspection and in my Inquiry opinion death resulted from: Notural causes M Accident | Homicide | Suicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) GREENMOUNT 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

VS. A15ME 5M 2/57

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BUREAU V. E.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE OF DEATH

Dist. No.

		יטטי	) CE		AIL OF DE	AIN		Reg. Dist. I	No.	4 77 141
1. PLACE OF DEATH o. COUNTY	Baltimore		N	MARYLAND	2. USUAL RESIDE	NCE (Where decease	ed lived. If institut b. COUNTY		efore admiss	
b. CITY OR TOWN RURAL ond give Arbutus		s, write	c. LENGTH OF S	STAY IN 16	c. CITY OR TO	WN (If outside corp		RURAL ond give	nearest tow	n)
d. NAME OF HOSP OR INSTITUTION	11416 Sulp		Spring	Road	d. STREET ADD		r Sprin	g Road		FARMS NO
3. NAME OF DECEASED (Type or print)	William			iddle ewell	Lost	4. DATE OF DEATH	Feb.15	.1958		Yeor 19
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	D DIV	ARRIED	8. DATE OF BIRTH	,1890	9. AGE (In years last birthdoy) 67 yrs	Months Day		ER 24 HRS. Min.
during most of wo	ION (Give kind of work of orking life, even if retired)				Store Pr	ince Ge			_	COUNTRY?
	F.Sewell					atherin	e Penn			
15. WAS DECEASED EV (Yes, no, or unknown)	(If yes, give wor or dates of se		5-05-8	100 I	Mrs Tarle	Sevell	None of the last	sulph <b>u</b>	r Spr	ring J
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Co.	e for (0), (b), one	111 5 6	bali in	DOWOLL			MTERVAL BE	DEATH
Conditions, if gove rise to	immediate (	0	Hera'l	sel	ور ورو				t yen	0
lying couse lost	the <u>under-</u>		OLITRIPIATING YO	Dr. T. But					1	
PART II. O	THER SIGNIFICANT CON	DI HONS C	ON IKIBUTING TO	DEATH 801	NO! KELATED TO T	TE FERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(o		AUTOPSY

CERTIFICATI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY

0. m.

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

alive an

Doy,

Not while of work of work

\_M, fram the causes and on the date stated above

PERFORMED?

YES NO TH

21. I certify that I attended the deceased fram,

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)

195 S, that I last saw the deceased

ACTUAL SIGNATURE\_

and that death occurred at\_\_\_

ADDRESS (Street, city or town, state)

PHYSICIAN'S NAME (Type) TT

220. BURIAL, CREMATION, 22b. DATE THEREOF 2-18 58

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

Baltimore Cemetery ADDRESS

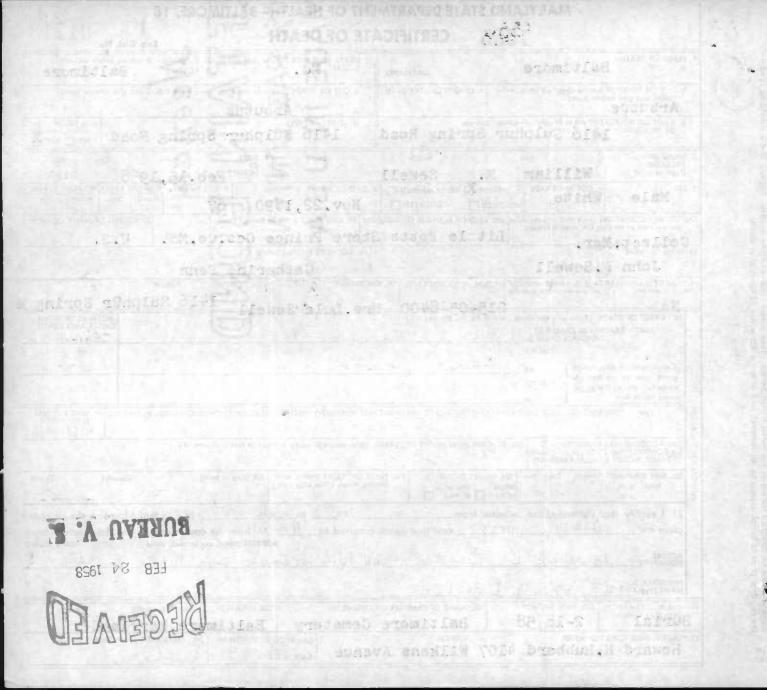
24g. REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

TO HOSPITAL OR TO FUNE VS A15 (4) 15M 10/57

Howard H. Hubbard 4107 Wilkens Avenue

DATE FEB 2 4 '58



Seath .. Page 4

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOSPITAL OR

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1721 CERTIFICATE OF DEATH

0	Disa	B. B
Keq.	Dist.	NO.

01713

						keg. Dist. No.	
	COUNTY BO	etimore	MARYLANI	II O STATE . /	nere deceased lived. If institut b. COUNT	tian: Residence before admis	sian)
h	CITY OR TOWN (If autsid		c. LENGTH OF STAY IN 11	114.			te_
Ū.	RURAL and give nearest to	s ville	25 years	Clattish	sutside corporate limits, write	Baltimore	
d.	NAME OF HOSPITAL (IF POR PASTITUTION,	at in haspital, give street	address)	d. STREET ADDRESS	1604 Lemmon St	IN IN ON	SIDENCE A FARM?
3. NA	AME OF	First	Middle	Last	4. DATE MO		
DE	CEASED  rpe ar print)	MARY	MAX	SHEA	OF DEATH Fels	1 0	Yeor 19 5 8
S. SEX	F 6. CC	OLOR OR RACE 7. MARI		8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs	ER 24 HRS. Min.
00. L	USUAL OCCUPATION (GIV	e kind af work done 10b.	KIND OF BUSINESS OR INI	-		12. CITIZEN OF WHA	COUNTRY
	Hows Ewit	even if retired)	DoMESTIC	PEN	NA	YES	
3. FA	THER'S NAME ) OS	ELDE	R	14. MOTHER'S MAIDEN N	is Tilla		
s. w	AS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Ade	dress	
Tres. In	No Property	NONE	NONE	Recordis	& Spring	Grove St.	Hosp
18	PART I. DEATH WA	S CAUSED BY:		L. CHRD	10 - VX SC	D. INTERVAL BI	
	422. I	DIATE CAUSE (a)				Ma	
	Conditions, if any, wh		-K TERIO	SCIEROSI	s, general	. sev. 12	ars
	gave rise to immedi cause (a), stating the <u>unc</u>						4 3
	lying couse lost.	) (c)					
CERTIFICATION	PART II. OTHER SIG	NIFICANI CONDITIONS	ONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS PERFO YES	DRMED?
CEKITE II)	Do. ACCIDENT WAS UND OR CONTRIBUTING CAP FEITHER, NOTIFY MEDIC	USE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in F	Port I or Port II of item 18.)		
MEDICA!	C. TIME OF INJURY Moi Hour a.m. p. m.	While	NJURY OCCURRED 20e.  Nat while t of wark	PLACE OF INJURY (Home, form factory, street, affice bldg., etc.	20f. (City or tawn)	(County)	(State)
2	1. I certify that I a	ttended the deceas	ed from 7/1	, 1954, to W	1/2 , 19-3	,that I last saw the	decease
o	live on 5 17	3 8 195	2, and that dea	th accurred at 6.10 A	LM, fram the causes	and an the date state	
	CTUAL STA	lla M	Jachsler	M.D. Spr	and y were	store) D. Hays.	Z/12
	HYSICIAN'S STAME (Type)	ELLA V	NACH5	ER,	J		
	URIAL CREMATION, 226	. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town,	or county). (Stot	le):
22a. B	EMOVAL (Specify)	2 15	MT OL	IVET	Balt	ORE M	2

MARYLAND STATE DEFARINGST OF HEALTH DESCRIPTION OF STREET



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1723 CERTIFICATE OF DEATH

Reg. Dist. No.) 1715

1. PLACE OF DEATH O. COUNTY Jaltinore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  29 444	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MALE WALL MALE	d. STREET ADDRESS  203 Hermore all en is residence on a FARM? YES   NO
3. NAME OF DECEASED (Type or print) WARY-CATHERINE S	HIPLEY 4. DATE OF DEATH FLA 2/ 1958
Ferrale White WIDOWED DIVORCED	8. DATE OF BIRTH  Felt 27-1869  9. AGE (In years lost birthdoy)  Wonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Schmeling	14. MOTHER'S MAIDEN NAME & Yoly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dates of service)	NFORMANT & Mitske 203 Glenmore Co
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate cause (o), stating the under-	ceretrovascular disease Interval BETWEEN ONSET AND DEATH
CAT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PORT 1 OF PORT 1 OF PORT 11 OF ITEM 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
ACTUAL AD 3 9 NA	occurred at 8 A.M., from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  D. 1118 St. Paul St. 2-21-58  Baltune 2, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) February 1958 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE SOLUTION SIGNATURE	240. REC'D BY REGISTRAR, 24b. REGISTRAR'S SIGNATURE  LOGICAL DATE

HTARGRO STADRITISED STORES CANNOT SEE THE PROPERTY OF THE PROPERTY and treates all behavior of the different EEB 84 1826

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Pro b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) pluods d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Last Month Day Yeor DEATH (Type or print) 19 E IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys WIDOWED [ DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congenital Heart Disease (Patent foramen IMMEDIATE CAUSE (o) Ovale) with congestive failure. DUE TO p any Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse last buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) o. m While Not while of work of work 21. I certify that I attended the deceased fram C 1962 that I last saw the deceased , and that death occurred at M. M., fram the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 413 Eastern Avenue PHYSICIAN'S NAME (Type) Harry B. Smith 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE

FINAL TO BYADERSED 1; 

TATE	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1725  Reg. Dist. No. 171	7
EPT.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
100	Baltimore Maryland State Maryland State Anne Arundel  b. CITY OR TOWN (If outside corporate limits, write RURAL ord give nearest lown)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	1
和 )	Catonsville 6yr2mth25dys Riva, Mryland 02 x 2	
14	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  SPRING GROVE STATE HOSPITAL  Riva, Maryland  on a farily tes in no	M?
	3. NAME OF First Middle Lost 4. DATE Month Doy Year OF	
	(Type or print) Ellen Smith February 4, 1958	
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years local birthday)  Months Days Hours Min.	HRS.
	female white widowed Divorced May 19, 1873 84 yr.	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)	ITRY?
1	housewife Own Your Maryland U.S. A.	
4	13. FATHER'S NAME	
	Hugh McCusker NeelyHoban	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  [Yes, no, or unknown)           yes, give wor or dates of service)	
	No Unknown Records: SPRING GROVE STATE HOSPITAL	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: Infarctive myocardial fibrosis	
	420. / DUE TO	
	Conditions, if ony, which) (b) Arteriosclerotic cardiovascular disease	
	gove rise to immediate couse	
	(a), stoting the underlying DUE TO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF	SY
2	T 1 1 1 1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	
	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) On 12-18-57 pt. SI	Lip
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Un 12-10-5 ( pt. SI primary of contributing of and fell to floor sustaining frac. left hip.	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto	ite)
03	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form, forciory, street, office bldg., etc.)  Not while Not work of	
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in	mv
	opinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined monner	,
	Opinion death resolved main. Material cases [], Accident [], Social [], Manifest []	
	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED	0
2		
d.	LEARNINGERS COMMON MEDICAL EVALUATED TO	
	NAME (Type) GEOTGE III. A LETTET, IT. D. DEFOT MEDICAL EXAMINER (22d. LOCATION (City, town, or county) (State)	-
	REMOVAL (Specify) 2-7-158 & Mary h	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR'S SIGNATURE	
Ko	DATE FEB 7 '58 Whiteduch	
10	A J J J	

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VS A1S (4) 1SM 9/5S 01718

Reg. Dist. No.

B. CITY OR TOWN If counting corporate limits, write RURAL and give nested town RURAL and give nested town RURAL and give RURAL an		E OF DEATH BAITIMORE MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY	
d. NAME OF INCEPTRAL   If not in hospital, give sixtent oddress)  OR INSTITUTION  OR INSTITUTI			c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
3. NAME OF DECRASED FOR STITUTION OF STATE OF ST	NO.	CATONSVILLE & MO,	152CATONSVILLE	
NAME OF OBJECT   NAME	d. NA	AME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. 1S RESIDENCE ON A FARM?
DECEASED (Type or print) (Type		911 MASEFIELD RD,	1911 MASEFIELD	
NO. USAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?	DECE	ASED / //	OF /	-01' -6
during most of vorophiga-life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Inc. SOCIAL SECURITY NO. 17. INFORMANT CLOSE LANGE Address  16. SOCIAL SECURITY NO. 17. INFORMANT CLOSE LANGE Address  17. INFORMANT CLOSE LANGE ADdress  18. CAUSE OF DEATH [Enter only one cause per line for for.], (b), and (c). PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH [Enter only one cause per line for for.], (b), and (c). PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH SECURITY NO. 17. INFORMANT CLOSE LANGE ADDRESS LANGE ADDRESS (Figer Conditions, if only, which gave rise to immediate covies (c), stoling the under line to	5. SEX	7. 1./	1 19 17 18 C/ lost bigthday)	
15. WAS DISCEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT CLOCK ANGER  18. CAUSE OF DEATH [Enter only one couse per line for/o). (b). and (c).]  PART I. DEATH WAS CAUSE DBY.  18. CAUSE OF DEATH [Enter only one couse per line for/o). (b). and (c).]  PART I. DEATH WAS CAUSE DBY.  (b)  Governise to immediate CAUSE (o)  Lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPSY PENCHMED)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  7. OR CONTRIBUTING   CAUSE OF DEATH   Not while of work   19. WAS AUTOPSY PENCHMED   19. WAS AUTOPSY PE	10a. USU duri	ng most of working life, even if retired)	- IAA	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT COST AND GOOD  18. CAUSE OF DEATH [Enter only one couse per line foot(s), (b), and (c).]  18. CAUSE OF DEATH [Enter only one couse per line foot(s), (b), and (c).]  19. PART I. DEATH WAS CAUSED BY:  19. DUE TO  19. DUE TO  19. DUE TO  19. TO TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPRY  19. THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPRY  20. ACCIDENT WAS UNDERLYING 200.  21. Learning And ANDRESS (Steel, city or lown) (County) (State)  21. Learning Andress 200.  220. ENERGY (CRMATION) 200.  220. BURBAL (Specify 200.  221. Learning Andress 200.  222. BURBAL (Specify 200.  223. FUNERAL DIRECTOR'S SIGNATURE  224. FERCORATION 200.  224. FERCORATION 200.  226. BURBAL (Specify 200.  227. ADDRESS (Street, city or lown) (State)  228. FERCORATION 200.  229. BURBAL (Specify 200.  220. ACCIDENT 200.  220. BURBAL (Specify 200.  220. B	13. FATH	THOMAS LARDAE		
PART I. DEATH WAS CAUSED BY.  MMEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate codes (c), stoling the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11 or from 18.)  20c. TIME OF INJURY Month, Day, Year town in part 1 or part 11			7777	ress
Conditions, if ony, which gove rise to immediate case (a), stating the under-lying couse last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) P. WAS AUTORSY YES CONTRIBUTING OR CONTRIBUTI	18.	PART I. DEATH WAS CAUSED BY:	arombosis	ONSET AND DEATH
gave rise to immediate code (a), stating the under: lying couse last.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?   YES	4			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 and work of work of work of the colory, street, office bldg., etc.) 19. A, that I attended the deceased from factory, street, office bldg., etc.) 19. A, from the causes and on the date stated above.  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  22c. NAME OF CEMETERY OR CREMATION, REMOVAL (Specify)  MAR.   58   57   MICHAELS CEM.   R.   D.   E.    22d. LOCATION (City, town, or county) (State)  MAR.   58   SIGNATURE  ADDRESS 34   0   A P 24a. REC'D 87 REGISTRAR 24b, REGISTRAR'S SIGNATURE  22d. REC'D 87 REGISTRAR'S SIGNATURE	ga	ve rise to immediate see (a), stating the under.	ic CVD	unmoron
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work of twork of two	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	PERFORMED?
21. I certify that I attended the deceased from Meaning, 19.5.7, to 21.26, 19.5.8, that I last saw the deceased alive on 19.5.8, and that death occurred at 2.30.7 M, from the causes and on the date stated above.  ADDRESS (Street, city or lown, state)  DATE SIGNED  AND. I MARILLE MARION, 19.5.8  PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Type		ACCIDENT WAS UNDERLYING   20%. DESCRIBE HOW INJURY OCCU CONTRIBUTING   CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Part I or Part II of item 18.)	
alive on	WEDICAL	Hour a. m. While Not while		(County) (State)
ACTUAL SIGNATURE  M.D. Melluw file Hve, Bast 39  PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATION, BEMOVAL (Specify)  MAR. 1 58  22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  MAR. 1 58  ST. MICHAELS CEM. RIDGE  AVE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	21.	1 21		
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATION, REMOVAL (Specify)  MAR J. S. S. J. MICHAELS CEM.  ADDRESS 4101 AVE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	aliv	ve on, 19_8_, and that de		
PAME (Type)  22a. BURIAL, CREMATION, REMOVAL (Specify)  WAR J. S. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  4/0/AVE 24a. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE			M.D. Mallow Hill the Ba	ot 39 mgs.
BURIAL MARI S ST. MICHAELS CEM. RIDGE MD!  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 4101 AVE 240. REGISTRAR 240. REGISTRAR'S SIGNATURE	PHY	SICIAN'S WOLAN, JAMES		
1//		AOVAL (Specify)	OR CREMATORY 22d, LOCATION (City, town, of RIDGE	or county) (State)
	23. FUNE	ERAL DIRECTOR'S SIGNATURE ADDRESS ADDR	The same of the sa	STRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-SALTIMORE, 19
CERTIFICATE OF DEATH

		A SAN	
	Calle St. Free Connec		
	17045 7200 P		1
STAVE	31594	E Zamaja	Z. C.

BUREAU V. S.

FEB 28 1958



Fathous.

PETANGE EXULTINE BRANCH,

	MARYLAND	STATE DEPARTMENT		LTIMORE, 18 Reg. Dis	01720 st. No.
1. NAME OF C (Type or Print)	DECEASED	MARY AGNES SMYRK		2. DATE OF DEATH Fel	0. 13, 1958
3. PLACE OF E	EXX Maryland	Catonsville	4. USUAL RESIDENCE (WA. STATE	There deceased lived, If B. COUNTY	institution : residence before admission)
HOSPITAL OR INSTITUTION	House in th	e Pines location)  E Fusting Ave.	c. CITY OR TOWN (If  West Edmondale  D. STREET ADDRESS (If:	outside corporate limit	s, write RURAL and give township)
c. Length of	stay in Baltimore	Yrs. Mns. Days	5426 Addington Re	d.	
5. SEX female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify, Widowed	Apr. 16, 1869	9. AGE (In years last birthday)	onthe Days Hours Min.
	CCUPATION (Give kind of of working life, even if retired) ife	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Md.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S			14. MOTHER'S MAIDEN NA Ellinor V. John		
15. WAS DECEAS (Yes, no or unknown	(1f yes, give war ur date	of service)  16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Ellinor Bl		Addington Rd.
(This doe heart fall	SE OR CONDITION LEADING TO DEAT so not mean the mode of ure, asthenia, etc. It mea complication which of	DIRECTLY H f dying, e. g., ns the disease,	of DEATH	ma	INTERVAL BETWEEN ONSET AND DEATH
O RISE TO	ANTECEDENT CAUSES OR CONDITIONS, III THE ABOVE CAUSE (A) YING CONDITION LA	FANY, GIVING	erio nelevos erse degenerat	is change	4 yus.
OTHER SIL	II GNIFICANT CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING	RELATED TO THE			
U IF OPERATIO	DEATH, ENTER IN PART II (Month) (Day) (Year)	19A. DATE OF OPERATION	ILE	•	20. AUTOPSY?
746	1.3. 19.5.	hospital) attended the decea , that (I) (we) last saw t 2	sed fromhe deceased alive on JA	ابر 13,	19.5 % to

238. ADDRESS

FUNERAL DIRECTOR

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem

M.D.

STAFF PHYS.

23c. DATE SIGNED

ADDRESS

(State)

24D. LOCATION (City, town, pr county)

Balto.

Every item of information be carefully supplied. Physicians: please write the causes of death clearly CERTIFICATE MUST BE WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS THIS IS A PERMANENT RECORD.

THIS IS A PERMANENT RECORD. HIS

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Buria]

DATE RECEIVED BY

ATTENDING PHYS. 1

MED. DIRECTOR

REGISTRAR'S SIGNATURE

248, DATE

CERTIFICATION

POINT PEN

BALL

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NOT USE

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BUREAU Y. S.

WYSELY THREETEN DOR SERVICE

VS A1S (4) 15M 10/57

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by the funeral dire	2 should b
- 69	Pages 1 and
completely fills	papers.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1729 **CERTIFICATE OF DEATH** 

01721 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  B altimore  MARYLAND							2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Maryland									
	. CITY OR TOWN (I	f autside carporate lim	116													
	Catons ville 16 mos.						Baltimore 3 Vol. 14									
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION						d. STREET ADD							e. IS RES		
	Spring Grove State Hospital						2650 0	Swe	00 A376						NO DA	
3. 1	3. NAME OF First Middle						Lost 4. DATE Month Day Year									
	(Type or print) Wilhelmina					CI.	1.1.		OF DEATH		Fe				19 58	
5. 5	EX_	6. COLOR OR RACE	7. MAR	RRIED	IEVER MARRIED	S. D	ATE OF BIRTH			9. AGE (			RIYEAR	IF UNDE		
	female	white	7.000	VED T	DIVORCED	_	Feb. 14	. 18	79	9. AGE (	irthday) yrs.	Manths	Days	Haurs	Min.	
10a	USUAL OCCUPATION	ON (Give kind of work king life, even if retired	dane 10b	. KIND OF	BUSINESS OR	INDUSTRY	11. BIRTHPLAC		ar fareign c	country)			-	of WHAT	COUNTRY	
13	FATHER'S NAME					li	4. MOTHER'S M		IAME							
	Unkno	WY					s. MOTHER 5 M		nown							
15.		R IN U. S. ARMED FOR	CES? 16	SOCIALS	ECURITY NO	17. INFO	RMANT	0.111	1101111		Addr	rect.				
(Yes	, no, or unknown)	(If yes, give war or dates of s	ervice)						od a		7,00					
	no l	TM [E-Asses and a second		i (-)	(h) 1 (a) 1	HOS	pital r	ecor	us				Liver		7111551	
		TH [Enter anly one co TH WAS CAUSED BY:												ERVAL 8E SET AND		
	420.0	IMMEDIATE CAUSE (d		Cor	onary '	Thron	bosis						-			
	Canditians, if a gove rise to i	mmediate (		Arte	erioscl	eros	is Hea	rt D	iseas	е			-			
	cause (a), stating lying cause last.	the under-	)													
z		ter significant con		CONTRIBIL	ITING TO DEAT	H RUT NO	T DELATED TO TH	JE TEDAM	NIAL DICEAS	E CONDI	TION CIV	CALINI DA	DT 1/-1	10 14/45	AUTORCY	
CERTIFICATION	260x	Diabetes		Litus	THING TO DEATH	II DOT NO	I KELATED TO TE	TETERMI	IAME DISENS	SE CONDI	HON GIV	EIN IIN FA	(1 1(0)	PERFO	RMED?	
RTIF	20a. ACCIDENT WA	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HO	W INJURY OCC	CURRED. (E	nter nature of i	njury in f	Part I ar Pai	rt II af iten	m 18.)		138			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		No	o injur	v				No.						
MEDICAL	20c. TIME OF INJUR Haur a. m.	Y Manth, Day, Ye	ar 20d. While	INJURY O			OF INJURY (Ho, street, affice b			y or tawn)			(Caunty)		(State)	
ME	p. m.	19	of wo		while vark						22					
	21. I certify th	at I attended the	decea	sed from	Sent	ala:	. 19 56.	toE	eh. 1		19 58	that I	last si	aw the	decease	
	alive anR	eh]	. 19		-		curred at				-					
			07	1					ADDRESS (S				iiic da		ATE SIGNE	
	ACTUAL	2 reneo	K	ari	res Ro	S MD	Sprice	9 6	rove	St.	Ka	20,7	al	2/1/	12	
	7	Missin A	1 1)	11 210	11 0 0		1	n.	. /	-3	01	10	0	1	4	
	PHYSICIAN'S NAME (Type)	DRUNG K	AUI	1103	KAJ			Ca	(ton	JUM	ele	0(	5	117	1	
22a.	BURIAL, CREMATIO	N, 22b. DATE THEREC	)F	22c. NA	ME OF CEMETE	RY OR CE	REMATORY		22d. LOCA	TION (City	y, tawn, c	or county)		(State	e)	
	BULIAL	2/5/5	8	16	ohr	7/11	c (er	n.	PVO	sod	1Au	ソカ	44	14	d	
23.	UNERAL DIRECTOR	S SIGNATURE	0	ADI	DRESS	0.	1 2	4o. REC'E	D BY REGIS	TRAR 2	4b. REGIS	TRAR'S SI	GNATU	RE		
1	1. Men	ex Dons	Ku	sters	etour	mo	. D	ATE :	- C	150	000	1				

MARYTAND STATE DEPARTMENT OF HEALTH BALTINGIS. 3:

BUREAU V. & 1959



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		MAKII	155	6 CERTIFIC	CATE OF DEA		LIIMOKE, I	Reg. Dist.	(1	722			
1.	PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAND	2. USUAL RESIDENCE  o. STATE  M.C.	(Where deceas	ed lived. If institution b. COUNTY	-	before odmi				
	b. CITY OR TOWN (IF RURAL and give no Arbu		s, write	6 Yrs.	c. CITY OR TOWN 5/ Arbu		orote limits, write R	URAL and give	nearest tov	vn)			
	d. NAME OF HOSPITA OR INSTITUTION 1012	St. Char		oddress) St.	d. STREET ADDRES	d. STREET ADDRESS e. IS RESIDENCE ON A FARM							
	NAME OF DECEASED (Type or print)	Fir Ade		Middle J e	Storm	4. DATE OF DEATE	Mani	12.	Day	Year 19 58 e			
	sex male			DIVORCED		1906		IF UNDER 1 Y		DER 24 HRS.			
100	during most of working Housew	ing life, even if refired	lone 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (S		country)		N OF WHA	T COUNTRY?			
13.	FATHER'S NAME Henry	Miller			14. MOTHER'S MAIDE	N NAME	gg						
1S.		IN U. S. ARMED FOR It yes, give wor or dates of s	(Asina)		Raymond L.	Storm	1012 St		rles	Ave.			
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per lin	ne for (o), (b), and (c).]	Thrombos	is			INTERVAL BONSET AND	ETWEEN DEATH			
	Conditions, if an gave rise to im cause (a), stating to lying cause lost.	mediate (		-	1								
CERTIFICATION				ONTRIBUTING TO DEATH B				EN IN PART 1(	PERF	AUTOPSY ORMED?			
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A			CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Po	rt II of item 18.)						
MEDICAL	20c. TIME OF INJURY Hour a. ji. p. m.	Month, Day, Yea	r 20d. IN While of work	Not while	PLACE OF INJURY (Home, factory, street, office bldg.,	form, 20f. (Cit etc.)	y or town)	(Cou	nty)	(State)			
	21. I certify the alive on Tenant SIGNATURE	of I oftended the	decease 195	- cod	th occurred of	ADDRESS (	m the couses of Street, city or town, s	nd on the	date stot				
		rris B.Sc		iber									
В	REMOVAL (Specify)	2-15-19		Meadowridg			TION (City, town, o	r county)	(Sto	te)			
23. >	FUNERAL DIRECTOR'S		9 3	volus Nor	TH AUE 240. R	EC'D BY REGIS	TRAR 246 REGIS	TRAR'S SIGNA	TURE				

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TO HOSPITAL

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1730 CERTIFICATE OF DEATH

01723

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Ba	O STATE	Maryla		d lived. If instit b. COUN	TV	nce befo		ian)			
b. CITY OR TOWN (If RURAL and give nec Catonsvi	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Freeland, Maryland										
d. NAME OF HOSPITA OR INSTITUTION SPRING GRO	d. STREET ADDRESS Freeland, Md.  e. IS RESIDENCE ON A FARM? YES   NO										
3. NAME OF DECEASED (Type or print)	Stra	ttan	4. DATE OF DEATH		onth Oruarv	27		Yeor 19 58			
s. sex male	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIE		8. DATE OF BIRT	H 22, 18	375	9. AGE (In year lost birthdoy	rs IF UNDER	Secretary 1		R 24 HRS. Min.
10a. USUAL OCCUPATION during most of worki	N (Give kind of work done 10 ng life, even if retired)	%. KIND OF BUSINESS O	R INDUS		timore				TIZEN O		COUNTRY
13. FATHER'S NAME	Cturatton			14. MOTHER'S	MAIDEN NA				1		
15. WAS DECEASED EVER	Stratton IN U. S. ARMED FORCES? I yes, give wor or dates of service)	6. SOCIAL SECURITY NO		NFORMANT				ddress	nont	m at	
no	TH [Enter only one cause per	Unknown		cords:	SPRING	GRO	OVE STY	tir u	OSPI	RVAL BE	
CATE	mediate DUE TO (c)	S CONTRIBUTING TO DEA						GIVEN IN PAI	RT 1(a) 1	PERFO	AUTOPSY PRMED? NO 🎮
				ACE OF INJURY (					Country		(state)
ZOC. TIME OF INJURY Hour o. m. p. m.	Whi		foc	tary, street, affici	e bldg., etc.)	Zor. (City	di lownj		County)		(Stote)
alive an Fe	of Lattended the dece th. 21, 19 Sulla Wachsler	58, and that		occurred at	10:30a	DORESS (SE	/ //	HOSPI	he da	te state	
220. BURIAL GREMATION REMOVAL (Specify)	226. DATE THEREOF	22c. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	TION Pity, 104	, or county	M	(Stote	e)
23. FUNERAL DIRECTOR'S	SIGNATURE &	la Bun	1	md !	24a. REC'D DATE	BY REGIST	1	GISTRAR'S SI	GNATUR	RE 9	

THE CHITHDATE OF DEATH BUREAU V. & LEB 25 1953

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND 135 b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN # outside carporate limits, write RURAL and give nearest town) å RURAL and give nearest town) shauld d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM YES NO NAME OF DECEASED First Middle Last DATE Month Day Year (Type or print) a.11 55 DEATH 195 6. COLOR OR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths DIVORCED [ WIDOWED [ 10a. DSHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dering most at working life, even if setired) 13. FATHER'S NAME 14-MOTHER'S MAIDEN NAME hours IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ottending edse CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Then DUE TO P permit. ony Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMER? YES NO DA 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stale) factory, street, office bldg., etc.) O. fl. While Not while at wark p. m ot wark 195 8 that I lost saw the deceosed 21. I certify that I ottended the deceased from olive on and that deoth occurred of M, fram the causes and an the date stoted above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

VS A15 (4) 15M 9/55

YOU CERTIFICATE OF DEATH The state of the s FEB 24 1953 A I I I I

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-07	Dist	Nn	-		()

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1. PLACE OF DEATH a. COUNTY Balto.			MARYLANI	2.	USUAL RESIDENCE (Wa. STATE Md.	here deceas	ed lived. If institution b. COUNTY	nı Residen	ält	e odmissi O e	on)
b. CITY OR TOWN RURAL ond give	N (If autside corporate lim negrest tawn) VIII:8	its, write	c. LENGTH OF STAY IN 1	ь ×	c. CITY OR TOWN (IF		porate limits, write RU	JRAL and g	give nea	rest town	)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospitol, N Overbrook Ro	give street	address)	1	d. STREET ADDRESS 3509 Overb	rook	Rd.		•	ON A	FARM?
3. NAME OF DECEASED (Type or print)		"" TRUDE	Middle	SUM	lost MERFIELD	4. DATE OF DEATI	Mont	ь эb.	Doy		reor 19 58
5. sex female		7. MARR	DIVORCED		ate of Birth	80		IF UNDER Months	1 YEAR Days		
10a. USUAL OCCUPA	TION (Give kind af work arking life, even if retired	done 10b.	KIND OF BUSINESS OR IN				cauntry)	12. CIT	IZEN OI	F WHAT	COUNTRY
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					
	VER IN U. S. ARMED FO	CES? 16.		Mrs.	Virginia  RMANT  A. Watner		Addr		d.		
PART I. D  49 5  Conditions, if gave rise to cause (o), statin lying cause las	immediate ng the <u>under-</u> bt.	o)	1		ewmon1				ONS	ET AND	DEATH
CATIC	WAS UNDERLYING		CRIBE HOW MURY OCCUP	En	1119			EN IN PAR	[ 1(o) 15	PERFO	RMED?
OR CONTRIBUTION (IF EITHER, NOTI	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	200. DES	CRIBE HOW MAJORI OCCUP	KKED, ĮCI	nier noture of injury in	ranitarra	arr ii di nem is.j				
20c. TIME OF INJ Hour a. n p. n	10	While at war	Not while	PLACE foctory.	OF INJURY (Home, farm street, affice bldg., etc	m, 20f. (Ci	ty or tawn)	(0	Caunty)		(Stote)
21. I certify olive op  ACTUAL SIGNATURE PHYSICIAN S NAME (Type)	that I ottended the held 23	10.5		ath occ	, 19, 53, to	M, fro		nd on th	he dot	e stote	
22a. BURIAL, CREMAT REMOVAL (Speci Burial	110N. 22b. DATE THEREG		Oheh, Sha				ATION (City, town, a	r county)		(State	)
23 FUNERAL DIRECTO	OR'S SIGNATURE	V So	us Ball	51	The DATE	B 2 REGIS		TRAR'S SIC	SNATUR	Ē	

be filed with eath. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftimay be retained the hospital or attending physician.

TO FUN AL DIRECTAR: After this certificate has been signed by the attending physician and campletely fill by the may be retained to the hospital ar attending physician.

2 FUN AL DIRECTAR: After this certificate has been signed by the attending physician and campletely fill, page Synould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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VS A1S (4) 15M 9/SS

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1733 CERTIFICATE OF DEATH

		U	1	7	2	6	

								Keg. Di.			
1. PLACE OF DEATH a. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDENCE (WE a. STATE Mary)		d lived. If institut b. COUNT	tion: Residen	ce befare Geo •	admissi	an)
b. CITY OR TOWN (I	f autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	autside corpo	orate limits, write	RURAL and g	give near	est tawn)	
RURAL and give ne	sville		Lmths21dvs	5	Odelphi, Maryland /6 x 2						
d. NAME OF HOSPIT	AL (If nat in haspital, g	ive street			d. STREET ADDRESS e. IS RESIDENCE						DENCE
OR INSTITUTION SPRING GI	ROVE STATE	н н	SPITAL		2521 Hugh	es Roa	ad			ON A	
3. NAME OF	Fig		Middle		Last	4. DATE		inth			ear
(Type or print)	Edwa	7	Adreton		Sweeney	OF DEATH		,	Doy 15		9 58
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D   8	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR I	F UNDE	R 24 HRS.
male	white	WIDOW	ED DIVORCE		Jan. 5. 188	19	last birthday)		Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (State	or fareign c	auntry)	12. CIT	IZEN OF	WHAT	COUNTRY
auring mast at work	fireman	)			Maryland	11		II	S.	Δ	
13. FATHER'S NAME	TTT ENINCIE				14. MOTHER'S MAIDEN N					41.0	
	Chromoso				Amelia S		037				
IS. WAS DECEASED EVE	Sweeney	CESO 14	SOCIAL SECURITY NO.	17 160	ORMANT	oranti		4			
	(If yes, give war or dates of s							dress			
no			Unknown ine far (a), (b), and (c).]		ords: SPRIN	G GR	OVE STA	TE HO	SPII	LAL	
Conditions, if a gave rise to it cause (a), stating lying cause last.	mmediate the under-	)		lised	Jure  autorio e  ot related to the termi			IVEN IN PART		WAS A	UTOPSY
PART II. OTH	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in (	Part I or Par	t II of item 18.)			YES 🗌	
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While		20e. PLA( facto	E OF INJURY (Hame, farm ry, street, office bldg., etc	20f. (City	or tawn)	(0	Caunty)		(State)
21. I certify th	at I attended the	deceas	sed from Jan	. 22	, 19 <u>58</u> , to <u>F</u>	ebs 15	195	8 that I	last sav	v the	decenser
	ebr 15	19	58 and that	death (	occurred at 8 P.	M. fron	n the causes	and an th	e date	state	d above
ACTUAL SIGNATURE	Dochre		Junk	м	MILE PROPERTY.		treet, city ar town				TE SIGNED
PHYSICIAN'S NAME (Type)	Isado	re	Tuenk,	M.C.	Catonsvi	ille 2	8, Md.				
220. BURIAL CREMATIO REMOVAL (Specify)	2-19-	58	22c. NAME OF CEME	TERY OR	el mis.	5	TION (City, town,	or county)	7	(State)	1
23. FUNERAL DIRECTOR	SIGNATURE	Han	ADDRESS 481	29	The BATE	D 8Y REGIST	TRAR 24b. REG	ISTRAR'S SIC	SNATURE		
					EEB 2 4	20	I VIV. A	01110			

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BUREAU V. E.

EEB 54 1628

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TOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1734

**CERTIFICATE OF DEATH** 

Reg. Dist. No. ()3()13

								g. D.s.			
1. PLACE OF DEATH o. COUNTY	BALTIMORE		MARY	LAND	2. USUAL RESIDENCE (Who. STATE MARYL		l lived. If institution b. COUNTY	on: Residence	a before	admissi	ion)
b. CITY OR TOWN	(If outside corporate limit	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL ond gi	ve near	est town	)
FORT HOW.	ARD		2 DAYS		× BALTIMORE						
OR INSTITUTION	PITAL (If not in hospitol, g			3	d. STREET ADDRESS				е	. IS RESI	IDENCE FARM?
VETERANS	ADMINISTRAT	NOI.	HOSPITAL		5508 CHANI	NING R	OAD ,				NO)XX
3. NAME OF DECEASED (Type or print)	Fii BEAT		Middle C		TALLEY	4. DATE OF DEATH	FEBRUAR		Doy 26		Year 19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1			
MALE	WHITE	WIDOW	ED XX DIVORCE	0 0	APRIL 23, 1891	4	63 yrs.	Months 1	Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	ZEN OF	WHAT	COUNTRY
PAPERHANG		I	ECORATING		MOUNT SIDNI	EY. VI	RGINIA	U.	S.A		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
WIIFORD	TALLEY				VIRGINIA 1	DODSON					
	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT		Add	ress			
YES	WW-1	2	12-18-8137	CL	IN REC. VET. ADI	M HOSP	FORT HO	WARD M	D		
18. CAUSE OF D	EATH [Enter only one co	use per li	ne for (o), (b), ond (c).	1						RVAL BE	
PART I. D	EATH WAS CAUSED BY:	, CO	R PULMONAL	E						NKNO	
527.	7					201/16					
Conditions, if	ony, which		PHYSEMA						UN	IKNOV	VN
gove rise to code (o), stotin	immediate ( Due To							- 4		-	
lying couse los		)									
PART II. C	OTHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?
PART II. C	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	O. (Enter noture of injury in f	Port I or Part	II of item 18.)				
TO 20c. TIME OF INJ	URY Month, Doy, Ye	or 20d. I	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, farm	, 20f. (City	or town)	(Co	ounty)		(Stote)
20c. TIME OF INJ. Hour o. m	10	White of wor	Not while	to	ctory, street, office bldg., etc.	.)					
				IARV	24, 1958, to FEI	BRILLEY	26 10 58	BEWENN'N	7353535		7577575
MARGIRXX			XXXX ona mai	deom	occurred ot5: 15_1		reet, city or town,		e date		ATE SIGNED
ACTUAL	Vitro	em	200		M.D. VAH, FORT				2	197	/58
SIGNATURE	11/4	700 7			M.D. VALLS POILE	110//211	THILLI	מוואי	4	7-577	20
	IRVING FREEN				edical Service			the second name of the last of	_Md		
220. BURIAL, CREMAT	TION, 226. DATE THEREC	OF	22c. NAME OF CEM				ION (City, town,	or county)	97	(Stote	e)
REMOVAL (Speci Burial		0		e Na	tional Cemete			Maryl	and		
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS			D BY REGIST	RAR 246. REGIS	STRAR'S SIGI	NATURE		
Wm. Cook-B	light Inc	600	O Hamfand I		Dane DATE	MAR 1 1	20	Unled	un	1	

DEUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shaveld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death. may be retained by 120 NOSTIAL OR ANY 120 NOSTIAL DIRECTOR. (5) 120 NOSTIAL DIRECTOR. TO HOSPITAL OR ATT

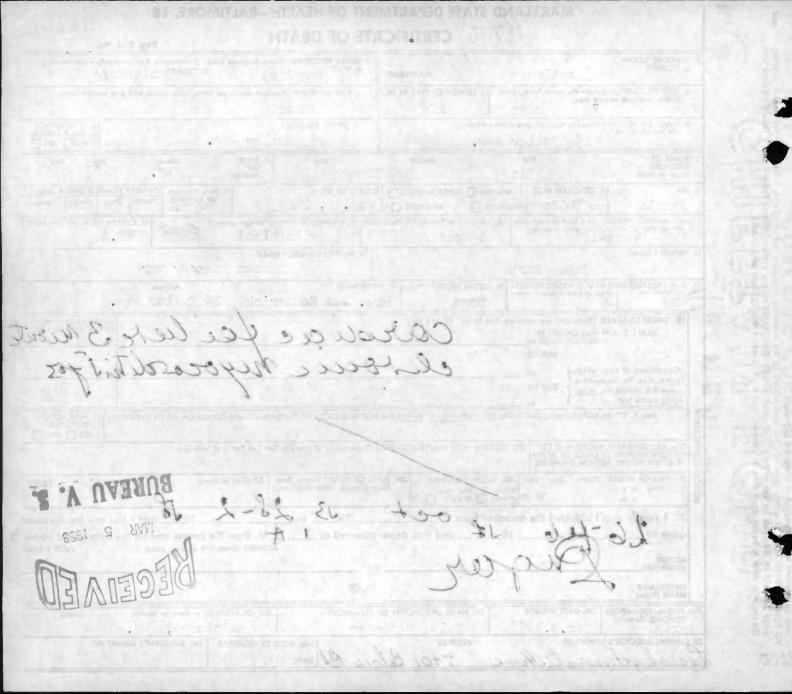
haspital ar attending physician.

TO HOSPITAL OR ATT

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1735 **CERTIFICATE OF DEATH**  01727

					Reg. Dist. No.			
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	here deceased lived. If instituting b. COUNTY	on: Residence before odmission) Baltimore			
b. CITY OR TOWN I		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPI OR INSTITUTION	OverLea  TAL (If not in hospital, give stre		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
	15 Fuller	Ave.	/ 15 Fu	ller Ave.	YES NO			
3. NAME OF DECEASED (Type or print)	First Lina	Middle	lost Fanner	4. DATE More Fe	= 10			
5. SEX Female	WWW * 4	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 2, 1868	9. AGE (In years last birthdoy) yrs.	Months Days Hours Min.			
during most of wor	ON (Give kind of work done 16 king life, even if retired)  EWLIE	At Home	STRY 11. BIRTHPLACE (SION		US . A			
13. FATHER'S NAME	John Barth		14. MOTHER'S MAIDEN	NAME known Baumgart	ner			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		NFORMANT rs. Ida Hedde	Add	ress			
Conditions, if a gave rise to cause (a), stating lying cause last.  PART II. OT	the under-	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IIINAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YES NO 0			
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUPA	D. (Enter noture of injury in	Part 1 or Port II of item 18.)				
Y 20c. TIME OF INJU	Wh		ACE OF INJURY (Home, fare ctory, street, office bldg., etc.	n, 20f. (City or town)	(County) (State			
21. I certify to	nat I attended the dece	12	occurred at 1	M, fram the causes o	that I last saw the decear and on the date stated abo			
ACTUAL SIGNATURE	10ho	cey	M.D	ADDRESS (Street, city or town,	store) DATE SIGN			
PHYSICIAN'S NAME (Type)	ON, 226. DATE THEREOF	The MANE OF CENTRAL OF	C. C	Tmt tocavier				
DUKIAL LKEMAIN		22c. NAME OF CEMETERY O	K CKEMATORY	22d. LOCATION (City, town,	or county) (Stote)			
REMOVAL (Specify Burial) 23. FUNERAL DIRECTOR	Mar. 3, 1950	Holy Rede		Baltimore,	Md.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENTED

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BUREAU V. S.

AS COMMUNICATED BY A PROPERTY OF WARRING STATE OF STATE OF

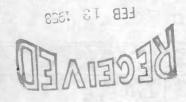
# PROBETIFICATE OF DEATH

BURKAU K. S.

EEB S8 1328

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01730 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) and give nearest town iddle River Middle River e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) /d. STREET ADDRESS ON A FARM? 10 YES NO T 950 Bengies Road NAME OF 4. DATE First Middle Lost Month Day Year DECEASED OF DEATH (Type or print) 1950 Thomas 0 James Feb IF UNDER LYFAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years lost birthday) Months Hours Min. WIDOWED A DIVORCED T Dec.15.1873 YES. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pup 0 during most of working life, even if retired) pe aborer Mecklenburg County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Madison Thomas Emiline ? 2 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Howard Hawkins 9/1/ Rengies Road PM3 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Lover IMMEDIATE CAUSE (a) burial-tronsit DUE TO with acherin scher sis Conditions, if any, which along gove rise to immediate cause **DUE TO** (o), stating the underlying couse last. Office 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? used YES [7 NO T 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1) of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Exom should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (Stote) 20f. (City or town) (County) factory, street, office bldg., etc.) o. m. While Not while at work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry , and find that death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 0 0 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) O DEPU 220. BURIAL, CREWATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Anne Arundle County Md. Calvary Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES! 24a, REC'D BY REGISTRAR 24b-REGISTRAR'S SIGNATURE

VS. AISME(S)



BUREAU V. S.

15M 9/55

EE8 4 1328 DOMESTIC TO THE PROPERTY OF THE PARTY OF THE

DATE

Days

(County)

Hours

PERFORMED2 YES 🗍

NO

(Stote)

DATE SIGNED

(State)

1. PLACE OF DEATH a. COUNTY Baltimore County b. CITY OR TOWN (If outside corporate limits, write Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) Mt. Wilson State Hospital NAME OF DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months WIDOWED | DIVORCED [ yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working wife, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HPSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: TUBERCULOSIS IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) . 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not while at work at work 21. I certify that I aftended the deceased fram. Shat I last saw the deceased and that death accurred all2 ·2517M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Mt. Wilson, Maryland PHYSICIAN'S NAME (Type) William Newcomer. M.D. Superintendent 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) March 1, 1958 Fort Lincoln Cemetery Colmar Manor, Md. Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Md. FEB 2 8 '58

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	2/1/21 67	Cichard A	MALE LHITE
ic.s.A.	01110		GAOR SIAD
KINER	MARTHA	NESSMOHI	JOSEPH I.
Lesis et henc	TINGERCH	YSIA MONIA	
	TINBERCH		1384; Q
X	ELLITUS	/† < 3	1138416
X	FILITUS	/† < 3	138416
BUREAU V. S.	ELLITUS	/† < 3	1384;4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville Brooklyn Park d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 108 Seventh Ave. Paradise Nursing Home Par. Ave. YES NO D NAME OF Middle 4. DATE Month Day Yeor DECEASED THOMPSON Feb. 3 1958 NILS (Type or print) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH lost birthday) Months White Male WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Coast Guard Mandal. Norway U. S. Carpenter carbon 13. FATHER'S NAME after 14. MOTHER'S MAIDEN NAME Maria Nielson Theodore Thompson remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Tomally Tobiason Thompson Same 18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO any Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED2 YES NOT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) Hour a. fl. While Not while of work of work n. m 21. I certify that I attended the deceased from \_\_\_\_, 19\_\_\_\_,that I last saw the deceased alive on and that death occurred at 1 M, fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) 1303 Frederick Road ACTUAL Feb. 6, '58 PHYSICIAN'S timore 29(Catonsville) NAME (Type) 220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cedar Hill Barni a. Co. 0 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 4001 Ritchie Hgwv. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 11, Film G225, 2/10/58 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY a. STATE eq b. COUNTY MARYLAND Baltimore Raltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) RURAL and give nearest town) shauld Halethorpe Halethorpe d. NAME OF HOSPITAL (If nat in hospital, give street oddress) d. STREET ADDRESS Carville Ave. 550h Carville Ave. NAME OF 4. DATE First Middle Last Manth DECEASED CORA TSABET. (Type or print) TOWNSEND DEATH fille Feb. within IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 8. DATE OF BIRTH campletely Female White WIDOWED 3 DIVORCED March YES papers. 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) death Maryland and pau offer ( 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Car William H. Lane Johanna maye 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) attending Simmons Funeral Home - Washington CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** that þ m. any Conditions, if ony, which signed gave rise to immediate i. Be DUE TO catse (a), stating the underlying couse last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Use MEDI o. m While Not while at wark at work p, m 21. I certify that I attended the deceased from 19 that I last saw the deceased detached alive an that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) D DIRECT ACTUAL pe P 4 8 PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) FUN REMOVAL (Specify) Burial Congressional Cem Washington.

ADDRESS

Baltimore 17. Md.

Reg. Dist. No. 01735

Day

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TI

> > (State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

246. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

Manths

e. IS RESIDENCE ON A FARM?

YES NO

Year

1958

Min.

page 0 0 VS A15 (4) 15M 9/SS

23. FUNERAL DIRECTOR'S SIGNATURE

WM. J. TICKNER & SONS

EL J. S. y ... ' », . CVI L. L. VIII ensit. Land Edition 6 834 · El to Elomos Elo

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01736 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND WICOMICO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) FORT HOWARD 11 DAYS SALTSBURY d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMS 1110 N DIVISION STREET YES NO VETERANS ADMINISTRATION HOSPITAL NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED SAMUET (Type or print) E. TROMIEY DEATH PEBRIJARY 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF RISTH Months Days Hours Min WIDOWED | DIVORCED [ MALE WHITTE FEBRUARY 68 popers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. IMLAY CITY. MICHIGAN Business Analyst 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSTAH TROMLEY EVALINA BURROWS 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address WW-1 CLIN REC VAT ADM HOSP FT HOWARD MD Yes 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH COLON WITH GENERALIZED PART I. DEATH WAS CAUSED BY: CARCINOMA OF IMMEDIATE CAUSE (o) MONTHS METASTASIS AND PERITONITIS MDEXIO ony Canditions, if any, which permit gove rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES IN NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) CERTI 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m Not while at work of work 21. I certify that Aattended the deceased from January 28, 1958, to February 8, 1958, that the deceased from January 28, 1958, to February 8, 1958, that the deceased from January 28, 1958, to February 8, 1958, the production of the deceased from January 28, 1958, to February 8, 1958, the production of the deceased from January 28, 1958, to February 8, 1958, the production of the deceased from January 28, 1958, to February 8, 1958, the production of the deceased from January 28, 1958, to February 8, 1958, the production of the deceased from January 28, 1958, to February 8, 1958, to February whice a comparation of the control o ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL pe VAH FORT HOWARD P PHYSICIAN'S NAME (Type) 2-8-58 CHIEN WEI LAN HOWARD 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) SNOW HILL. MARYTAND 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATECTER 1 3 FUNERAL HOME 6009 HARFORD RD BLATIMORE

EEB 18 3803

#### CERTIFICATE OF DEATH Reg. Dist. No. directar, iled with 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY filed MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) pc RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL/(If not in hospital, give street address) OR INSTITUTION ower anters YES NO DE 4. DATE NAME OF Middle Month Year First OF DEATH Cimas 195 (Type or print) 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 5. SEX Months Doys DIVORCED T WIDOWED T 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (State or foreign country) during mast of working life, even if retired) STRUCTION abover 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Same INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg,, etc.) Haur a. m Not while at work at work 21. I certify that I attended the deceased fram. \_\_that I last saw the deceased , and that death occurred at 1:15 P.M. from the causes and an the date stated above. repruaty ADDRESS (Street, city or town Atate) ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) TO FUN 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1.

and Jackson

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

FEB 24 1958

22c. NAME OF CEMETERY OR CREMATORY

**ADDRESS** 

22d. LOCATION (City, tawn, for county)

24. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

(Stote)

COL pe P VS A15 (4) 15M 9/55

ACTUAL

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Fig. 4. 16. 1. Street Section 1. Compliance from tellings to be EEB ST 1828



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. 0	-	d. NAME OF HOSPITA	owley's Quar
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	_		4 Burke Rd.
delay istrar p	3.	NAME OF DECEASED	First
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the ward the ward dical Exam e 3 shauld	3	20c. TIME OF INJUR	Y Month, Day, Year
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	2	SIGNATURE	- 1
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VS. A15ME(5)	23	FUNERAL DIRECTOR	SIGNATURE
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MARYL	AND S	TATE DEPARTM	ENT OF HEA	LTH-BA	LTIMORE,	18			
Film G-	DICA	L EXAMINER'	S CERTIFIC	ATE OF	DEATH	Reg. D	() list. No	173	39
; 1	140		2. USUAL RESIDEN	CE (Where decea	sed lived. If Institu	ution: Resid	ence bef	ore adm	ission)
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outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOY	/N (If outside cor	porote limits, write	RURAL on	d give n	earest to	wn)
owley's Qua	rters		X Ba	ltimore					
AL OR INSTITUTION (I	If not in hosp	pital, give street address)	d. STREET ADDR	ESS					ESIDENCE A FARM?
64 Burke Rd			1 13	33 Limi	t Ave.			YES [	] NO [
Fin	12	Middle	Lost	4. DATE	Mont	h	Day	Y	ear
Clar	ence	E. V	adala	DEATH	F	eb.	16.	1	9 58
6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 6	B. DATE OF BIRTH	895	9. AGE (In years lost birthday)	IF UNDER		IF UND	ER 24 HRS
White	WIDOWED	DIVORCED	March 17.	1894	6362yrs.	Months	Days	Hours	Min.
thony Vad	ala RCES?   16. S	ocial security no.   17. #	14. MOTHER'S MAIL	ginia DEN NAME oberta	Hawkins Address		U.S.	31.	
		Mr	s. Nora E.	Vadala	1333 L	imit	Ave.	700	12
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Y Month, Day, Yea	20d. IN While at wor	Not while fact	CE OF INJURY (Hame, ory, street, office bldg	form, 20f. (City, etc.)	y or town)	(Co	unty)		(Stote)
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RT H. OTH RNAL CAL

OF INJU o. m. p. m.

ertify th esulted from: Natural causes , Accident . Suicide . Homicide , Undetermined cause . DATE SIGNED

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

(Stote)

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Moreland Memorial Baltimere, / Md. -

21,1958 ADDRESS 24a. REC'D EVEREGISTRAR'S 1246. REGISTRAR'S SIGNATURE

DIRECTOR'S SIGNATURE

# MARYLAND STATE DEPAREMENT OF TEASTH SALTHORS IN

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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1747 CERTIFICATE OF DEATH

Reg. Dist. No. (11741)

1	1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND 2. U	SUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  STATE MARYLAND b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  COCKEYS UILLE  b. CENGTH OF STAY IN 1b c  c MONT45	CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn)  BALTIMORE  3 VO 1-4
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MASONIC ITOME	3700 WINTERBOURNE ON A FARM? YES NO
3		Last 4. DATE Month Day Year OF DEATH FFB 2 1958
	FE WIDOWED X DIVORCED 1	re OF 81RTH 2 - 7 - 1869  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
1	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)  HOUSE WIRE	11. BIRTHPLACE (State or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  U. S.
3		MOTHER'S MAIDEN NAME
	JAMES HENRY LEMON	SARAH R. IRVIN
3	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service) (If yes, give wor or dotes of service)	MANT Frank & Druckt his
)	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.  (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. p. m. 19 While Nat while at work at wark	F INJURY (Hame, farm, treet, office bldg., etc.) (City or tawn) (Caunty) (State)
	21. I certify that I attended the deceased from 8-14 alive on 1-31, 1958, and that death occur  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	. 1957, ta 1-31, 1958, that I last saw the deceased urred at 4:30 A M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  Cockeypulle M4  2/2/58
2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREATERY OF	(5,6,6)
2	23. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc., 1217 St. Paul Sreet	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18
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01741

1748 CERTIFICATE OF DEATH

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Reg.	Dies	Ma
DES.	DIST.	140.

1	DELACE OF DEATH O. COUNTY Ballinge MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before August 1987)	ore admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give ne RUBAL and give nearest form)  CATON SVICE  Veg / Iman 15 ESSEX  Md					
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress).  OR INSTITUTION  TORUG Grove Hate Hospital	d. STREET ADDRESS 908 Martin Ra	e. IS RESIDENCE ON A FARM? YES NO			
	N. NAME OF DECEASED (Type or print) Millie First Middle	Wagner DEATH 2 8	oy Yeor			
	WIDOWED DIVORCED	4-28-1895 lost by the Months Doys	R IF UNDER 24 HRS. Hours Min.			
1	0a. USUAL OCCUPATION (Give kind of work done dyring most of working life, and if refired)	Beading Pg. U.	S.			
1	george Werner	14. MOTHER'S MAID NAME MADE NAME MYE				
1	(Yes, no, or unknown) [If yes, give war ar dates of service)	Porge g. Wagner gormarkin	By Allen			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	of the aurta in	SET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause last.  DUE TO  (b) Bernegalia  (c)	ed arterios clerosis	Sylars			
1000	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PETICA roli al former	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part 1 or Part II of item 18.)				
4010211	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED fac of work at work	ACE OF INJURY IHome, form, 20f. (City or town) (County, street, office bldg., etc.)	(Stote)			
	21. I certify that I attended the deceased from 1000.	2/5	aw the deceased ate stated abave.			
	PHYSICIAN'S DNIAN DATALIOKAC	MD. Spring Grove St. Korp	2/8/195			
2	NAME (Type) /3 /2 (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	R CREMATORY 22d JOCATION (City, town, or county)	(Stote)			
	REMOVAL (Specify) It. 12 - 18 Ock Kan  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	on Castern Blod 3. 12	to mel.			
	John I Cornelly - Esset .	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU	1			
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BUREAU V.

FEB II 1958



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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17740 CEPTIFICATE OF DEATH

01742

		. 1	149	CEKTIFIC	CAIE OF	DEATH			Reg. D	ist. No		
1.	PLACE OF DEATH g. COUNTY	BALTIMORE		MARYLAN	II O STATE	SIDENCE (Where	deceased I	ived. If instituti b. COUNTY			more	
	b. CITY OR TOWN ( RURAL and give n TOWSON	If outside corporate limearest town)	nits, write	c. LENGTH OF STAY IN 1	c. CITY O	R TOWN (If outsice Real +	imore					
	OR INSTITUTION	TAL (If not in hospitol, ERIAN HOME			d. STREET	ADDRESS  Beechda						IDENCE FARM?
	NAME OF DECEASED (Type or print)	MARIAN	rst	D. Middle	WALLAC	ost 4.	DATE OF DEATH	FEB. Mor	ith	ll, De	зу	58
	SEX Female	6. COLOR OR RACE	7. MARRI WIDOWE	D B DIVORCED		1882	9.	AGE (In years lost birthdoy) 75 yrs.	IF UNDE Months			ER 24 HRS Min.
100	during most of wor	king life, even if refired		KIND OF BUSINESS OR IN		PLACE (Stote or fo		ntry)	12. C	ITIZEN C	OF WHAT	COUNTR
13.	Edgar F.	Dell .				's maiden nam						
IS.	WAS DECEASED EVI	ER IN U. S. ARMED FOI JIF yes, give wor or doles of			INFORMANT	f Presby	teria	Add Homo		d. T	ews or	a. Me
NO	Conditions, if a gove rise to it couse (o), stoting lying cause lost.	the under-	<b>A</b>	Errelial Sypertension ONTRIBUTING TO DEATH	arteri	o clost	e (			4	SET AND 30 5	AUTOPSY
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. 8ESC	RIBE HOW INJURY OCCUP	th regis	-	larl	af item 18.)				RMED? NO
MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	Y Month, Doy, Ye	While	JURY OCCURRED 20e. Not while of work	PLACE OF INJURY foctory, street, offi	(Home, form, 2 ice bldg., etc.)	Of. (City or	r town)		(County)		(Stote
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	lelwy ,	_, 195 L.Ve	ed from Feb 11. 8, and that dec	, 19 <i>5</i> ° oth accurred a		1, fram	the causes of the cause of the cause of the causes of the cause of	and on t	last so	te state	deceased above the sign
220	BURIAL, CREMATIC REMOVAL (Specify) BURIAL	Feb. 14,	The section is	22c. NAME OF CEMETERY	OR CREMATORY		odbur	N (City, tawn, o	or county)		N. J	e) •
	FUNERAL DIRECTOR	chell & So	ns Inc	. 1900 Eutar	r Place	DATE FEL	REGISTRA	R 246 (REG)	TRAR'S SI	GNATU	RE	

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

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	ite has been signed by the attending physician and campletely fille. by the funeral director,	and 2 shauld be filed with	
	campletely fills	apers. Poges 1	-4L
	physician and o	mave carban p	Land of the Asses
	the attending I	Then please re	Land withhin 70
ling physician.	ate has been signed by	buriol-tronsit permit.	Annual Land in the California and the Control of th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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**CERTIFICATE OF DEATH** 

01743

				Reg. Di	st. No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE Marvl	e deceased lived. If institution: Residen b. COUNTY	ce before admission)
b. CITY OR TOWN (I	f outside corporate limits, we	rite c. LENGTH OF STAY IN 16	V	Iside corporate limits, write RURAL and	give nearest town)
Catonsv		5vrlmth3dvs	Baltimore	3 V 0 1	-11
	AL (If not in hospital, give st		d. STREET ADDRESS		e. IS RESIDENCE
	OVE STATE H	OSPITAL	321 Scott	Street	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Eugene	Middle San <b>temyr</b>	Walter	4. DATE Month OF DEATH February	Doy Yeor 19 19 58
s. sex male	relation .	MARRIED NEVER MARRIED	B. DATE OF BIRTH Sept. 6, 1921	Lead Livelle de A	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION during most of work truck dr	king life, even if refired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote of Maryland		S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
Bosw	ell Santemyer	Walter	Ruth El	izabeth Knight	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		cords: SPRING	Address	SPITAL
PART I. DEA  / 5 4 X  Conditions, if o gove rise to i couse (o), stoting lying couse lost.	TH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  DUE TO  DUE TO  DUE TO  CC)  (c)	Carcinoma of rec		AL DISEASE CONDITION GIVEN IN PAR	ONSET AND DEATH
CATIC					PERFORMED? YES NO 3
	S UNDERLYING (1) 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	rt I or Part II of item 18.)	
Y 20c. TIME OF INJUR Hour o. m. p. m.	, W		ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f. (City or tawn) (C	County) (State)
alive an FE	at 1 attended the dec		accurred at 10:15	PM, from the causes and an the DORESS (Street, city or town, stote)	DATE SIGNED
PHYSICIAN'S NAME (Type)	Stella Waci	hsler, M. D.	M.U.	le 28, Maryland	ral 2-19-58
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		22c. NAME OF CEMETERY OF Mt. Tabor	Cem.	2d. LOCATION (City, town, or county) Harford Co., Md.	(Stote)
23 TUNERAL DIRECTOR	S SIGNATURE	SADDRESS CO.	Barrer 240. REC'D	BY REGISTRAS 8 246. REGISTRAR'S SIC	GNATURE

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FEB 24 1958



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VS A15 (4) 15M 10/57

**CERTIFICATE OF DEATH** 

01744

Reg. Dist. No.

)	1. PLACE OF DEATH O. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maruland b. COUNTY  Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest Jown), Parkville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Parkville
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2815 Linganore Avenue	1 d. STREET ADDRESS 2815 Linganore Avenue  e. 15 RESIDENCE ON A FARM? YES   NO 15
	3. NAME OF DECEASED (Type or print) Mrs. Barbara J. Wo	Uton  4. DATE Month Doy Year JEATH February 11 19 58
	temale white WIDOWED DIVORCED	PATE OF BIRTH  9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Is under 24 hrs. Months Doys Hours Min.
)	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)  (hicago  12. CITIZEN OF WHAT COUNTRY?
	Joseph Basch	14. MOTHER'S MAÏDEN NAME Agnes
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. IN	r. Oscar F. Walton, 2815 Lingarore
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  DUE TO  (c)	actie aneurge Interval Between ONSET AND DEATH
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO N
	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  p. m. 19 Of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, affice bldg., etc.)
	ACTUAL SIGNATURE A, Q, Q, Q, OCT M  PHYSICIAN'S HA GROTT, 17 TD >	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  DATE SIGNED  D. 8100 Harford Road #14 2/12/5  Baltimore, Maryland
	220. BURIAL, CREMATION, REMOVAL (Specify) 2/14/58 22c. NAME OF CEMETERY OR Parkwood (	emetery Baltimore, Maryland (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford Road	#14 DATE FER 1 3 '58 CULLER CONTROL OF THE PER 1 3 '58 CULLER CONTROL OF T

BUREAU V. S. 350° G F 834

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Baltimore

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO D

> > (Stote)

12. CITIZEN OF WHAT COUNTRY?

USA

(County)

Malays Tolling which all the desired when the could EEB ST TOES . (11, 5 - 12, 6 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	041410
CERTIFICATE OF DEATH	01746 st. No.
	All and the second seco
and give negrest lown)	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) Henry Herman Journal February	Doy Yeor 1958
I but his but	TYEAR IF UNDER 24 HRS. Days Hours Min.
during most of working life, even if retyed)  Retired  PHARMACY  MIARY LIFNI	CEN OF WHAT COUNTRY?
13. FATHER'S NAME  WM WATCHMAN  14. MOTHER'S MAIDEN NAME  OIMIAN.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. INFORMANT  Address  18. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS: 18. SOCIAL SECURITY NO. 17. INFORMANT  Address  18. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS: 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19. SOCIA	EHDRM, MID
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	INTERVAL SETWEEN ONSET AND DEATH
Cenditions, if any, which gave rise to immediate couse (a), stating the underlying DUE TO	
	11(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at w	nty) (State)
	,
SIGNATURE LOVALU & Palmen M.D. CHIEF MEDICAL EXAMINER BER AV	DATE SIGNED
NAME (Type) Gerald Chalmer DEPUTY MEDICAL EXAMINER []	・ ユーフィー
Burral 2-27-58 Bultime Balling	- Md,
W2 Coals-Tacoson Towson-4-n. of DATEEB 2 6 '58 Clarent	A
	1. FLACE OF DEATH  a. COUNTY  b. CITY OR TOWN    evide corporate limit, write bleak  c. LENGTH OF STAY IN b.  c. CITY OR TOWN    evide corporate limit, write bleak  c. LENGTH OF STAY IN b.  c. CITY OR TOWN    floating corporate limit, write bleak  c. LENGTH OF STAY IN b.  c. CITY OR TOWN    floating corporate limit, write bleak  c. LENGTH OF STAY IN b.  c. CITY OR TOWN    floating corporate limit, write bleak  d. STATE  A. C. CITY OR TOWN    floating corporate limit, write bleak  d. STATE  A. C. CITY OR TOWN    floating corporate limit, write bleak  d. STATE  A. C. CITY OR TOWN    floating corporate limit, write BURAL and  d. STATE  A. C. CITY OR TOWN    floating corporate limit, write BURAL and  d. STATE  A. C. CITY OR TOWN    floating corporate limit, write BURAL and  d. STATE  A. C. CITY OR TOWN    floating corporate limit, write BURAL and  d. STATE  A. S. SEX  C. CITY OR TOWN    floating corporate limit, write BURAL and  d. STATE  A. S. SEX  A. COLOR OR RACE  First  INDICATE  B. CALE OF BRITH  B. CALE

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Q,		-	-	-	-	~		

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erificate should be executed within 24 hours after death. If any delay is nece by its pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the familial direct. edical Examiner's Office along with form PM3. Page 5 may be result for yourse be used as a burial-transit permit. File pages 1 and 2 with the State Board of H, cremotion, or removal, and in any event within 72 hours after death.

S TO DEPUTY MEDICAL EXAMINER: This of	execute, he certifie, writing the war	4 she be farwarded to the Chief N	TO FUNEZAL DIRECTOR: Page 3 should	or its designated gaent, prior to buria
VS.	A 4 2	15/	<b>VIE</b> 7	

	DEPARTMENT OF HEALTH-		01747
1754 It	MINER'S CERTIFICATE em   FilmG226 3-3-58 et	R	leg. Dist. No.

	LACE OF DEATH	Baltimore		O STATE	ENCE (Where deceased liv		idence before odmission)
b	. CITY OR TOWN (IF and give pearest town) Catonsv	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO	DWN (If outside corporote	200	
d	NAME OF HOSPITA	or institution (if not in	hospital, give street address	A STREET AD	Maridan Plan	DISE	AVE ON A FARMATI
	NAME OF DECEASED Type or print)	Georgia	a , Watkins	Losi	4. DATE OF DEATH	Month Peb.	Doy Yeor 18 19 58
5. S	Female	6. COLOR OR RACE 7. MA		B. DATE OF BIRTH		GE In years IFUND Withday) Months	ER TYEAR IF UNDER 24 HRS. Days Hours Min.
10a.	USUAL OCCUPATIO uring most of working	life even if relired)	b. KIND OF BUSINESS OR INDUS Omedtic	TRY 11. BIRTHPLAC	E (State or foreign country	12. 0	TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	dan F	uller	14. MOTHER'S MA	AIDEN NAME	Jay	
		R IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT EA	& Hider	ell xo	enlaran
ATION	PART I. DEATI 422.1  Conditions. if on gove rise to immed (o), stating the u couse last.	nderlying DUE TO	Acute Cardia  Cardiovascular  S CONTRIBUTING TO DEATH BUT	<b>D</b> isease	`		ART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING [] 20b. DESC	RIBE HOW INJURY OCCURRED.	(Enter nature of injur	y in Port I or Port I) of ite	m 18.)	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	V	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Horitory, street, office bi	me, form, 20f. (City or to dg., elc.)	wn) (C	County) (State)
			ceremoins described ob ol couses	M.D. CHIEF MEE	utopsy , Inspe , Homicide .  DICAL EXAMINER .  MEDICAL EXAMINER .  EDICAL EXAMINER .	hand.	ond in my monner D
	Burial Burial	2-24-58	22c. NAME OF CEMETERY O	Cem.	Baltim	-	Md.
_	funeral directors		ey 578 W. Bid	123 6 55	io. REC'D BY REGISTRAR FEB 2 4 '58	24b. REGISTRAR'S S	SIGNATURE Sull A

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are. Stanceon, Mereley 578 W. Meets Co.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S. AND THE RESERVE OF THE PROPERTY.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1750 CEDTIEICATE OF DEATH

01749

1196	CERTIFICA	TE OF BEATH	Reg. Dist.	No.
. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY B al	before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and representation)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and giv	e nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give street oddr. OR INSTITUTION	ess)	914 Katz	are.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) Rather	Middle	Lese OF DEATH	Fell. 2	Day Yeor
Jernale 16. COLOR OR RACE 7. MARRIED ( WIDOWED )		DATE OF BIRTH 5 1879		YEAR IF UNDER 24 HRS. oys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	O OF BUSINESS OR INDUST	TRY 11. 8IRTHPLACE (Stote or foreign of	ountry) 12. CITIZ	EN OF WHAT COUNTRY
3. FATHER'S NAME 3 Break	er-	14. MOTHER'S MAIDEN NAME		
5, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. IN	FORMANT Claripte	Address Cebr	~
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which (b)	(a). (b). and (c).]  Bullono	y Edona		INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate couse (a), stating the under-lying couse last.	d he	des:		135
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASI	E CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port	II of item 18.)	
Hour o. m. While	Y OCCURRED Not while at work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	or town) (Con	unty) (Stote)
21. I certify that I attended the deceased falive an 19 38		accurred at Total M, fran		st saw the decease
ACTUAL SIGNATURE DOOLS	Maid mai deam	ADDRESS (St	reet, city of town, state)	DATE SIGNED
PHYSICIAN'S DE LATT		20 EASTERN AV	e Essex, r	10 / 61/10
Gural (Specify) 2-25-58 0		tholic Bu	MON (City, town, ar county)	. Z(State)
D. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIST	RAR 246. REGISTRAR'S SIGN	ATURE/

may be retained. The haspital or attending physician.

2 FUNT AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill the file funeral director, page thought be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Aand 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR A may be retained TO FURT AL DIREC Page Lishauld be a VS A15 (4) 15M 9/5S

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

death. Page 4

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EEB 04 1828 DECENAGE PROPERTY CONTRACTOR AND CONTRACTOR OF THE PARTY OF THE PA MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01751

DECEASED (Type or print)  DAVID  EDWARD  WILLIAMS  OF ATH  February  5. SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  DIVORCED  MAY 2, 1908  100. USUAL OCCUPATION (Give kind of work done)  1010. USUAL OCCUPATION (Give kind of work done)  102. CITIZEN  WILLIAMS  PAGE In years  Int UNDER 1YE  Months  Doy  VI  103. USUAL OCCUPATION (Give kind of work done)  104. KIND OF BUSINESS OR INDUSTRY  114. MOTHER'S MAIDEN NAME  UN KNOWN  125. WAS DECEASED EVER IN U. S. ARMED FORCES?  166. SOCIAL SECURITY NO.  177. INFORMANT  INF	e. IS RESIDENCE ON A FARM YES NO 5  Doy Year 19 58  EAR IF UNDER 24 HE
DAVID  S. SEX  G. COLOR OR RACE  Colored  WIDOWED  DIVORCED  DO. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  DAVID  S. SEX  G. COLOR OR RACE  WIDOWED  DIVORCED  D	e. IS RESIDENCE ON A FARM YES NO S  Poor 1958  EAR IF UNDER 24 HE ys Hours Min.
3. NAME OF PRIVED BOULEVARD.  3. NAME OF DECEASED (Type or print)  DAVID EDWARD WILLIAMS OF HEATH PROPERTY.  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH OF BIRTH Male Colored WIDOWED DIVORCED May 2, 1908 9. AGE Im years load birthday) yrs.  10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN Law of the print of the	ON A FARM YES NO S  Por 1958  EAR IF UNDER 24 HE YS Hours Min.
DECEASED (Type or print)   DAVID   EDWARD   WILLIAMS   DEATH   February	25 19 58 EAR IF UNDER 24 HR 193 Hours Min.
Male Colored WIDOWED DIVORCED May 2, 1908 19 yrs. Months Doy  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  17e, no. or unknown)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	ys Hours Min.
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  UN KNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dots of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Bernele Williams 1013/1	N OF WHAT COUNT
UN KNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Berneice Williams 1013 /2  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	
[Yes, no. er unknown] [If yes, give war or dates of service]   Bernetce Williams 10/3 /2	
PART I DEATH WAS CAUSED BY.	Inden
IMMEDIATE CAUSE (o) Hypertensive and Arteriosclerotic Cardiovascular  Hypertensive and Arteriosclerotic Cardiovascular  Disease.  Conditions. if ony, which gove rise to immediate cause (a), staling the underlying DUE TO	INTERVAL BETWEEN ONSET AND DEATH
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	(a) 19. WAS AUTOPS' PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County foctory, street, office bldg., etc.)  While Not while of work of work of work	y) (State
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry apinian death resulted fram: Natural causes . Accident , Suicide , Hamicide , Undetermined many actual signature . Chief MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER .	
EXAMINER'S NAME (Type) Paul F. Guerin, M.D. DEPUTY MEDICAL EXAMINER	2/20/50
220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)  Not Colvery Com. Arm Alved Co.  22c. NAME OF CEMETERY OR CREMATORY  Not Colvery Com. Arm Alved Co.  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, town, or county)  ADDRESS.	(Stole)

DATE MAR 4

17 HALSTEAD 918 Druid Hill Ave

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0	may be retaine the haspital ar attending physician.  • FULL AL DIRECTOR: After this certificate has been signed by the attending physician and campage 4 should be detached for use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, crematian, or removal, and in any event, within 72 hours after death.	
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0	23 % º	
I	P P P	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of	may be retained the haspital ar attending physician.  TO FULL AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fith the funeral dippose 1'shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1759

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

01752

				***				
-	PLACE OF DEATH D. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased l	lived. If Institution b. COUNTY	Residence	e before	odmission)
	b. CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or		te limits, write Rt	JRAL and gi	ive neares	si tawn)
	Rural - Towson  d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Eudowood - Towson 4, M	l address) [d.	1 d. STREET ADDRESS	(6 Girmy	wood Ori	ve)	/	IS RESIDENCE ON A FARM? 'ES NO H
3.	NAME OF DECEASED (Type or print)  First  ERT		WILMER	4. DATE OF DEATH	Mani 2	h	Day	Year 1958
	6. COLOR OR RACE 7. MARR	D DIVORCED	8. DATE OF BIRTH . 3/7/14		last birthday) 4 3 yrs.			UNDER 24 HRS. Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole of	ar fareign cau	miry)	12. CITI	ZEN OF V	WHAT COUNTRY?
13.	FATHER'S NAME MAX.R.ME	4ZER	14. MOTHER'S MAIDEN N	AME /Les	del			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	15- 3070	Person spital Record		tory Addr		ium	
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		y TBC				INTERV	AL BETWEEN AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-light</u> (b).  DUE TO  Lying cause last.							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE (	CONDITION GIVE	N IN PART	F	WAS AUTOPSY PERFORMED?
	20s. ACCIDENT WAS UNDERLYING   20s. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	). (Enter nature of injury in P	art I ar Part II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 While p. m. 19 at work	Not while foo	CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City o	r tawn)	(Co	iunty)	(State)
21. I certify that I attended the deceased fram. 23, 1957, to 347, 1958, that I last alive an 746, 1918, and that death accurred at 3574 M, fram the causes and an the deceased fram. 3574 M, fram the causes and an the deceased fram the d					e date	the deceased stated above. DATE SIGNED		
	PHYSICIAN'S Milton B. Kress,		Towson 4,	Maryl	and			
	BURIAL, CREMATION, PEMOVAL (Specify)	more and me	emarcal Park	22d. LOCATIC	ON (City, town, a)	county)	n	(State)
23.	assalm Eineral Home	7401 B.a.la	A Rec'd DATEFER	BY REGISTRA	R 24b. REGIST	rar's sign	HATURE	

EB 10 1823





	MAKYLAND STA	IE DEPARIM		-BALTIMORE, 1	8	01753
	1760	CERTIFICA	ATE OF DEATH		Reg. Dist. No	,
)	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STAJE Marylan	re deceased lived. If institution		
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Baynesville	3 yrs	c. CITY OR TOWN (IF or Baynesv	etside corporate limits, write R	URAL and give ne	arest town)
)	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 8617 Oakleigh Road		d. STREET ADDRESS	kleigh Rd.	- 14	e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print) MAY MARGARET	Middle WITTS	lost	4. DATE Mon	b.1958°	
	5. SEX 6. COLOR OR RACE 7. MARRIED 2.		8. DATE OF BIRTH	9. AGE (In years lost burthday)		IF UNDER 24 HRS.
	female white WIDOWED		Aug.30.1898	) / YIS.	Months Days	Haurs Min.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)  housewife	BUSINESS OR INDU	Baltimor			SA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
	Jeremiah Hubbard			zabeth Blan	k	
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wor or dotes of service) 213-20-471	Co	orge P.Witt	s 8617 Oakl	 eigh Rd	14
	18. CAUSE OF DEATH [Enter only one cause per line for (o)  PART I. DEATH WAS CAUSED BY:  HIMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stating the under-lying couse lost.  Conditions (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	na	TO C-V	disease	ON	ERVAL BETWEEN SET AND DEATH  1/2
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CO				PERFORMED?	
			ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that I attended the deceased from alive an 2. H. 19.58,  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) WM. H. GRENZ	and that death		M, from the causes a DDRESS (Street, city or town, 3	nd on the da	te stated abave  DATE SIGNED  LEGY 1.28
	Burial Mar. 1958 Mor		m.Pk.Cem.	2d. LOCATION (City, town, or Baltimore (		(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS. INC.	Baltimor	e Md		TRAR'S SIGNATUR	

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained. The hospital or attending physician.

TO FU. AL DIRECTOR: After this certificate has been signed by the attending physician and completely fill page 1'should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the registrar prior to burial, crematian, ar remayal, and in any event within 72-haurs after death. VS A15 (4) 1SM 9/S5

death. Page 4

y the funeral director, 2 should be filed with

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	TE OF DEATH	CERTIFICA		
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	entive envelo	Hery P		AS PROPERTY.
			Jaco roladi	A COUNTY
200.25	STATE STATE		rational X	
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MARYLAND STATE DEPARTMENT OF HEALTH-LAS

# Alfer Seath The

the registrar within 72 hours after dea

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01754

## 1558CERTIFICATE OF DEATH

	Item h F	11mG225 2-19.	-58 et	Reg. Dist	. No
	1. PLACE OF DEATH			CE (HOME) OF DECEASE	•
	COUNTY BALTINORE	MARYLAND	STATE HARYL	And COUNTY BAL	ti MORE
	CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside corpore	ete limits, write RURAL and give neer	rest town)
	TOWN ARBUTUS	3×43		butus	
1	HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(Il rural give location)	
U	STREET ADDRESS /225 STEVE	VS AUG	1 2 2 S	5 STEVENS	S AUE,
	3. NAME OF (First)	Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
	(Tune or Drive)	ohn Vi	ENGER DR.	DEATH Februar	y 9, 19 58
	S. SEX 6. COLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVO	D I & MATE		. AGE lest birthday   IF UNDER	
	MALE WhiTE (Specify) MA	RRIED DEC	9,1895	6 2 yrs. Months	Deys Hours Min.
	done during most of working life, even if OR	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foraig		CITIZEN OF WHAT
	retired) AJAChiNEST Ivid	USTRIAL	MARYLA	nd	4.5. A.
i.	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
med .	HENRY VIENGER		MINNI	ie Giese	
		SOCIAL SECURITY NO.	17. INFORMANT & AL	DDRESS	
	YES WELL WARE 2	14-05-3113	- MARY VIET	NGER 1225 57	TEUENS AVE
1	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	(	INTERVAL BETWEEN ONSET AND DEATH
	420 / IMMEDIATE CAUSE (A) MY	praydi	al Ines	retion	DOA
	ANTECEDENT CAUSE(S) DUE TO	10	1 11- 0	1/2.00	
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	rexio sci	PYUTTE C-	V VISEASE	
H	STATING UNDERLYING CAUSE LAST. DUE TO				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1	7		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	been unde	a care a an	nother Mil	P,
1	190. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION	0		20. AUTOPSY?
	21e. ACCIDENT WAS UNDERLYING [   21b. PLACE (Home,	farm, factory.	21c. WHERE DID INJURY OCCUR	? (City or town) (Coun	YES NO (State)
-1	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	fice bldg., etc.)	The state of the s	(County of Town)	(State)
		INJURY OCCURRED	21. HOW DID INJURY OCCUR	?	
H	M. et wo				
	22. I hereby certify that I attended the decease	sed from	, 19, to	, 19, that I	last saw the deceased
1	alive on, 19, and				
WO.	SIGNATURE		1705 ADDR	ESS (Street, city, town, steta)	DATE SIGNED
-55	the headenn	K M.D.	1300 Freen		4/19/50
20	23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OF		LOCATION (City, town, or county	(State)
7		DALTIMORE	NATIONAL	DALTIMORE	
>	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS .
	DATE FEB 3 30 10 2 ALLE		Charl 1	elling Dial He	1 16 16

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BUREAU V. S.

HTASC HO STACHITHEDEST

VS. A15ME(S) 5M 9/SS

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he h	30		
MA DE	ON Chief Medical Exominer's Office along with farm PM3. Page 5 may be retained for you miles. DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior ta		
EX	e c		
AL W	10 P		
5	SEC		
AEL	0 0		

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01755

4404	keg. Disi. No.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS 6. IS RESIDENCE
532 SOUTHERN AVE	532 SOUTHERN AVE YES NO
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
OFFICE (Type or print) HOWARD ED YOUNG	SR DEATH FEB 13 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	DATE OF BIRTH  9. AGE (In years left UNDER 1YEAR IF UNDER 24 HRS.    Months   Days   Hours   Min.
MALE WHITE WIDOWED DIVORCED	JULY 26-1890 67 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PAINTER SMITH CO.	BALTO.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY YOUN G	UKN.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (If yes, give wor or dates of service)	NFORMANT Address
- 1217-67-1195A H	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PRON PRON  IMMEDIATE CAUSE (o)	1be - Interval between onset and death
DUE TO	
Conditions, if any, which gove rise to immediate cause	
(o), stoting the underlying DUETO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DICAUSE OF DEATH.	Enter noture of injury in Port I or Port II of item 18.)
	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)
Hour e. m. p. m. 19 While Not while of work of work	ory, street, office bldg., etc.)
21. I certify that I taak charge af the remains described abo	ive, held an Autopsy . Inspection . Inquiry . and find that
death resulted fram: Natural causes , Accident , Su	cide, Homicide, Undetermined cause
I mai	
ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S MBDAVIS MD	ASSISTANT MEDICAL EXAMINER D
22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
BURIAL 1-63.17-1958 CAR LAU	UN BALTO. MA.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John & Connelly. Essep 21-	md DATE B 2 4 158 (1000)

APOICAL EXAMINERS CERTIFICATE OF DEALH

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FEB 24 1958

BECEINED

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
MEDIC	AL EY	A MINIED'S C	EDTIFICATE	OF DEATH	

01756

4 800	Reg, Dist, 1401
PLACE OF DEATH 1/02 o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  o. STATE Md. • b. COUNTY
b. CITY OR TOWN   If outside corporate limits, write RURAL ond give represt (evn)  Reisterstown in transit	c. CITY OR TOWN (If cutside corporate limits, write RURAL and give nearest town)  Baltimore  3 / 0 / 44
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Reisterstown Rd.	d. STREET ADDRESS  2507 Maryland Ave.  6. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF First Middle CTP	ielney  A. DATE OF DEATH  Month Feb.6,1958  19
5. SEX  Male  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White  Widowed Divorced	B. DATE OF BIRTH  May 5,1894  9. AGE [In years of the property
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer	TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTR  12. CITIZEN OF WHAT COUNTR  USA
13. FATHER'S NAME Walter Zielney	14. MOTHER'S MAIDEN NAME Margaret
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO Fractured, d. Crushed pelvi ankle, Crushed pelvi ankle, Fractured, d. Crushed pelvi ankle, Crushed pelvi ankl	
none	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO
CASSE OF BEATTE	(Enter noture of injury in Port I or Port II of item 1B.)  CK by automobile.
O Hour XX - While Not while for	ACE OF INJURY (Home, form. 20f. (City or town) (County) (Stote) tory, street, office bldg., etc.) Reisterstown, Balto, Md.
21. I certify that I taak charge of the remains described ab death resulted fram: Natural causes, Accident, Su	ove, held an Autapsy, Inspection 🔼, Inquiry 📑 and find the vicide, Undetermined cause
ACTUAL SIGNATURE D. D. Cagles	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S D. D. Caples, M. D.	DEPUTY MEDICAL EXAMINER TX 2-7-58
226. BURIAL CREMATION, 22b. DATE THEREOF FINKSburg  PEMOVAL (Specify) Feb.11,58 Finksburg	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  J.F. Eline & Sons Reisterstown,	Md • DATE FEB 1 1 '58 CALL SIGNATURE

VS. A15ME(5) 5M 9/55



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